

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 09, 2010**  
**Secretary of State**

DOCUMENT# 723618

**Entity Name:** ASHLEY ARMS CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**4111 NE 21ST WAY  
LIGHTHOUSE POINT, FL 33064**New Principal Place of Business:****Current Mailing Address:**4111 NE 21ST WAY  
LIGHTHOUSE POINT, FL 33064**New Mailing Address:****FEI Number:** 59-1408618**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**DOONE, CHRISTINA  
4111 NE 21 WAY 204  
POMPANO BEACH, FL 33064 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WARD, BARBARA  
Address: 4111 NE 21 WAY #202  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: TDVP  
Name: DOONE, CHRISTINA M  
Address: 4111 NE 21 WAY #204  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: SD  
Name: MURPHY, ANNEMARIE  
Address: 4111 NE 21 WAY #207  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTINA M DOONE

TDVP

09/09/2010

Electronic Signature of Signing Officer or Director

Date