

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2008 8:00 am**  
**Secretary of State**

03-26-2008 90024 021 \*\*\*\*61.25

<b>DOCUMENT # N00000000152</b> 1. Entity Name <b>ASHINGTON NEIGHBORHOOD ASSOCIATION, INC.</b>			
Principal Place of Business <b>9887 FOURTH STREET NORTH SUITE 301 SAINT PETERSBURG, FL 33702</b>		Mailing Address <b>9887 FOURTH STREET NORTH SUITE 301 SAINT PETERSBURG, FL 33702</b>	
2. Principal Place of Business - No P.O. Box # <b>24626 State Road 54</b>		3. Mailing Address <b>24626 State Road 54</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Lutz, FL</b>		City & State <b>Lutz, FL</b>	
Zip <b>33559</b>		Zip <b>33559</b>	
Country <b>USA</b>		Country <b>USA</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>RAMPART PROPERTIES, INC. 9887 FOURTH STREET NORTH SUITE 301 SAINT PETERSBURG, FL 33702</b>		<b>7. Name and Address of New Registered Agent</b> Name <b>Condominium Associates</b> Street Address (P.O. Box Number is Not Acceptable) <b>24626 State Road 54</b> City <b>Lutz</b> <b>FL</b> Zip Code <b>33559</b>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>By Cyd Caldwell, Vice President</u> DATE <u>3-20-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PACHOLEC, LEONARD <input checked="" type="checkbox"/> Delete 9887 FOURTH STREET NORTH SAINT PETERSBURG, FL 33702	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ken Bakones <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 16360 Ashington Park Dr Tampa, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STEELE, MARTIN <input type="checkbox"/> Delete 9887 FOURTH STREET NORTH SAINT PETERSBURG, FL 33702	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Ezra Yanowitz <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 16361 Ashington Park Dr Tampa, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Delete EPSTEIN, PATRICIA 9887 FOURTH STREET NORTH SAINT PETERSBURG, FL 33702	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Martin Steele 16331 Ashington Park Dr Tampa, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete ROBINSON, BARBARA 9887 FOURTH STREET NORTH ST. PETERSBURG, FL 33702	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Barbara Robinson 16340 Ashington Park Dr Tampa, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MURIN, PAT 9887 FOURTH STREET NORTH ST. PETERSBURG, FL 33702	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Patrick Murin 16369 Ashington Park Dr Tampa, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
<b>SIGNATURE:</b> <u>Martin R. Steele</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>3/12/08</u> Daytime Phone # <u>813-979-9595</u>	