


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2005 8:00 am
Secretary of State

06-13-2005 90003 033 ****61.25

DOCUMENT # N00000001523					
1. Entity Name ASHLEY MANOR HOMEOWNERS' ASSOCIATION OF POLK COUNTY, INC.					
Principal Place of Business 52 E. SOUTH STREET ORLANDO, FL 32801			Mailing Address C/O AMERICAN COMMUNITY MGMT INC 215 CELEBRATION PLACE STE 500 CELEBRATION, FL 34747		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3722892	
5. Certificate of Status Declared <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DON ASHER AND ASSOCIATES INC. 52 EAST SOUTH STREET ORLANDO, FL 32801			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME DUNN, JILL		TITLE PD	NAME TREVENA, MIKE	
STREET ADDRESS 24 WHITEHOUSE ROAD, BILLINGHAM	CITY-ST-ZIP CLEVELAND TS22 JEW,		STREET ADDRESS 100 BALMORAL COURT	CITY-ST-ZIP DAVENPORT, FL 33896	
TITLE SD	NAME DAVIES, ANN		TITLE 	NAME 	
STREET ADDRESS % NAPTUN MARINA, STOCTON, SOUTHAM	CITY-ST-ZIP WARWICKSHIRE CV23 8HX,		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE TD	NAME PALMER, MICHELLE		TITLE 	NAME 	
STREET ADDRESS 21 PENN HILL AVENUE, PARKSTONE, POOLE	CITY-ST-ZIP DORSEY BHG14 QLU,		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE SD	NAME Radwell, Denise		TITLE 	NAME 	
STREET ADDRESS 111 Balmoral Court	CITY-ST-ZIP Davenport, FL 33896		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE TD	NAME Knights, Valerie		TITLE 	NAME 	
STREET ADDRESS 215 Balmoral Court	CITY-ST-ZIP Davenport, FL 33896		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
SIGNATURE: <i>M.A. Tamm</i>			06-10-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		