2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # N00000001523

ASHLEY MANOR HOMEOWNERS' ASSOCIATION OF

POLK COUNTY, INC.



FILED

Jul 17, 2006 8:00 am Secretary of State

07-17-2006 90143 016 ****61.25

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Principal Place of Business 52 E. SOUTH STREET ORLANDO, FL 32801		C/0 / 215	Mailing Address C/O AMERICAN COMMUNITY MGMT INC 215 CELEBRATION PŁACE STE 500 CELEBRATION, FL 34747						. 	ij er: 6 111 0 (1880)	HIJDI DI (201
2. Principal Place of Business		3. Ma	3. Mailing Address								
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.				06192006	Chg-NP	CR2E	(4/06)	
City & State		Ci	City & State				4. FEI Number 59-37228	892	,,		oplied For ot Applicable
Zip Country		Zi	Zip		Country		5. Certificate of	Status Desired		\$8.75 Ad Fee Require	
	6. Name and Addres	s of Current Register	ed Agent					ddress of New R	egistered	Agent	
DON ASHER AND ASSOCIATES INC.		ES INC.			Name Street Add		. Pu LLE	is Not Acceptable	1	-	
52 EAST SOUTH STREET ORLANDO, FL 32801							LA VISTA				
					City HF	JIV.	ES CITY		FI	Zip Coo	844
	named entity submits this	statement for the purp	oose of changing its r	egistere				, in the State of Flo	rida. Faπ	n lamiliar with	and accept
the obligat	ions of registered agent.										
	200.11	. M	. P. Pum	CNI				1 :	71.0	1. 200	\(\(\)
SIGNATURE .	Signature, typed or printed name of				d Agent signature	required	when reinstating)	***	DATE	hy 200	, <u>o</u>
Filing Fee is \$61.25			9. Election Campaign Financing								
	Filing Fee is \$61.2	25				,	\$5.00 May Be			k payable t	
De	Filing Fee is \$61.2 ue by September 6		9. Election Cam Trust Fund Co]	\$5.00 May Be Added to Fees			ck payable t ertment of S	
10.	ue by September 6		Trust Fund Co	ontributi	ion. []	Added to Fees		ida Depa	IRECTORS II	tate V 10
10.	offic SD	, 2006	Trust Fund Co	ontributi	ion. E]	Added to Fees	Flori	ida Depa	rtment of S	tate
10.	ue by September 6	, 2006 ERS AND DIRECTORS	Trust Fund Co	11. ππε	ion. E]	Added to Fees	Flori	ida Depa	IRECTORS II	tate V 10
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^{12.} I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Rorida 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, Rorida 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.