2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000001523

FILED Feb 09, 2009 Secretary of State

Entity Name: ASHLEY MANOR HOMEOWNERS' ASSOCIATION OF POLK COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business:

52 E. SOUTH STREET 8520 SIOUX TRAIL ORLANDO, FL 32801 HAPPY TRAILS

KISSIMMEE, FL 34747

Current Mailing Address: New Mailing Address:

8520 SIOUX TRAIL P.O.BOX 5026 HAPPY TRAILS HAINES CITY, FL 33845 KISSIMMEE, FL 34747

FEI Number: 59-3722892 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PULLEN, M ARNOTT, HEATHER J CAM 8520 SIOUX TRAIL HAPPY TRAILS 2719 LA VISTA DR

HAINES CITY, FL 33844 US KISSIMMEE, FL 34747 US

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: HEATHER J ARNOTT 02/09/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete TEMPLE, YNNE KNIGHTS, VALERIE Name: Name:

105 BALMORAL COURT Address: 215 BALMORAL COURT Address: City-St-Zip: DAVENPORT, FL 33896 UK City-St-Zip: DAVENPORT, FL 33896 US

(X) Change () Addition Title: TD () Delete Title: SEC KNIGHTS, VALARIE Name: TEMPLE, LYNNE Name:

Address: 213 BALMORAL COURT Address: 105 BALMORAL COURT City-St-Zip: DAVENPORT, FL 33896 UK City-St-Zip: DAVENPORT, FL 33896 US

Title: () Delete Title: DIR (X) Change () Addition

TREVENA, MIKE BUSH, CLIVE Name: Name: 100 BALMORAL COURT Address: Address: 301 BALMORAL COURT City-St-Zip: DAVENPORT, FL 33896 UK City-St-Zip: DAVENPORT, FL 33896 US

Title: () Delete Title: DIR () Change (X) Addition

Name: Name: HENRY, ADRIENNE Address: Address: 320 BALMORAL COURT City-St-Zip: City-St-Zip: DAVENPORT, FL 33896 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HEATHER J ARNOTT CAM 02/09/2009