2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 07, 2005
Secretary of State

DOCUMENT# N00000004192

Entity Name: ASHTON COMMERCE CENTER PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6128 WATERFIELD WAY
ST. CLOUD, FL 34771

New Principal Place of Business:

4499 W HWY 192
KISSIMMEE, FL 34746

Current Mailing Address:

6128 WATERFIELD WAY
ST. CLOUD, FL 34771

New Mailing Address:

4499 W HWY 192
KISSIMMEE, FL 34746

FEI Number: 59-7173060 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROCKER, WILLIAM E
6128 WATERFIELD WAY
ST. CLOUD, FL 34771 US

Name and Address of New Registered Agent:

ROCKER, WILLIAM E
4499 W HWY 192
KISSIMMEE, FL 34746 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: _____ 10/07/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ROCKER, WILLIAM E
Address: 6128 WATERFIELD WAY
City-St-Zip: ST. CLOUD, FL 34771

Title: STD ( ) Delete
Name: PARSONS, RAY C
Address: 8 BROADWAY STE 218
City-St-Zip: KISSIMMEE, FL 34741

Title: D (X) Delete
Name: ROCKER, DOLORES M
Address: 5099 ROCKABY RD.
City-St-Zip: ST. CLOUD, FL 34772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ROCKER, WILLIAM E
Address: 4499 W HWY 192
City-St-Zip: KISSIMMEE, FL 34746

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SIGFRID CABRERA E 10/07/2005
Electronic Signature of Signing Officer or Director — Date