2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 27, 2007 8:00 am Secretary of State

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DOCUMENT # N0000007341 1. Entity Name ASHFORD VILLAGE HOMEOWNERS ASSOCIATION, INC.					02-27-2007 90004 047 ****61.25				
1928 LAKE WORTH RD 19		Mailing Address 1928 LAKE WORTH RD LAKE WORTH, FL 334			40025304				
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt, #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		02092007 _C	hg-NP	CR2E037 (12/06)		
City & Star	de	City & State			4. FEI Number 65-106208	35	} 	pplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate of S	tatus Desired	S8.75 Ac Fee Require		
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New Re	gistered Agent		
ASSOCIATED PROPERTY MANAGEMENT				Name					
	E WORTH RD RTH, FL 33461		Str	Street Address (P.O. Box Number is Not Acceptable)					
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			Cit	у			FL Zip Coo	de	
	named entity submits this statement for	or the purpose of changing its	registered off	ice or register	ed agent, or both, in	the State of Flor	ida. I am familiar with	, and accept	
the obligat	tions of registered agent.								
SIGNATURE									
	Signature, typed or printed name of registered agent	t and title if applicable (NO!	E Registered Agent	8 gnature required	(when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
10.	OFFICERS AND DI	IRECTORS	11,	-	ADDITIONS/CHANG	ES TO OFFICER	IS AND DIRECTORS I	V 10	
TITLE	P	☐ Delete	TITLE	VA			Change	Addition	
NAME	PALMER, BRYAN W		NAME	120	UN CM	0/10			
STREET ADDRESS	2433 WESTMONT DR		STREET ADD	101/6	IWESTM	DUT Z	W		
CITY-S1-ZIP	WEST PALM BEACH, FL 33411		CITY-ST-ZIF	200	IAL PAC	m BEI	1CH, FL 3	3411	
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CITY-ST-ZIP				ptcc /VII	WER, J				
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STREET ADDRESS	 	 _	CITY-ST-ZIF	TN	AL PHIL	u reen	□ Change	3411 Exaddition	
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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, 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.

CITY-ST-ZIP

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/07

561-714-9011

Daytime Phone #