

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007892

FILED
Mar 25, 2010
Secretary of State

Entity Name: ASHTON PLACE - ST. CLOUD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
ORLANDO, FL 32805

New Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3709192 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST STATE RD 434 STE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: MORRIS, BRANTLEY
Address: 4723 ASHTON DR N
City-St-Zip: ST CLOUD, FL 34771

Title: D
Name: BRIGHAM, PETER
Address: 1824 FARRIS CT
City-St-Zip: ST CLOUD, FL 34771

Title: VPD
Name: MASCAREL, CINDY
Address: 1826 FARRIS DR
City-St-Zip: ST CLOUD, FL 34771

Title: TD
Name: PRESLEY, TIMOTHY
Address: 4711 ASHTON DR W
City-St-Zip: ST CLOUD, FL 34771

Title: D
Name: HERNANDEZ, OSCAR
Address: 1809 ASHTON DR E
City-St-Zip: ST CLOUD, FL 34771

Title: PD
Name: PARDUE, DARRELL
Address: 4741 ASHTON DR W
City-St-Zip: ST CLOUD, FL 34771

I hereby 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 all other like empowered.

SIGNATURE: DARRELL PARDUE

PD

03/25/2010

Electronic Signature of Signing Officer or Director

_____ Date