

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 26, 2006 8:00 am**  
**Secretary of State**

07-26-2006 90001 043 \*\*\*\*61.25

**DOCUMENT # N01000005560**

1. Entity Name  
**ASHLEY PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**6201 ASHLEY DR.  
LAKE LAND, FL 33813**

Mailing Address  
**6201 ASHLEY DR.  
LAKE LAND, FL 33813**

**50023158**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07222006

Chg-NP

CR2E037 (4/06)

City & State

City & State

4. FEI Number  
**59-3740961**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HALLER, HAL  
6340 ASHLEY DR.  
LAKE LAND, FL 33813**

Name

**JOE LEE**

Street Address (P.O. Box Number is Not Acceptable)

**6210 Ashley Dr.**

City

**Lakeland**

**FL**

Zip Code

**33813**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 6, 2006**

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 DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete  
NAME HALLER, HAL  
STREET ADDRESS 6330 ASHLEY DRIVE  
CITY-ST-ZIP LAKE LAND, FL 33813

TITLE PD ☐ Change ☒ Addition  
NAME JOE LEE  
STREET ADDRESS 6210 Ashley Dr  
CITY-ST-ZIP Lakeland FL 33813

TITLE VD ☒ Delete  
NAME GARNER, KATHY  
STREET ADDRESS 6270 ASHLEY DRIVE  
CITY-ST-ZIP LAKE LAND, FL 33813

TITLE VD ☐ Change ☒ Addition  
NAME DEXTER BROWN  
STREET ADDRESS 6237 ASHLEY DR  
CITY-ST-ZIP LAKE LAND, FL 33813

TITLE SD ☒ Delete  
NAME CABRERA, KAREN  
STREET ADDRESS 6247 ASHLEY DRIVE  
CITY-ST-ZIP LAKE LAND, FL 33813

TITLE SD ☐ Change ☒ Addition  
NAME CHRISTABEL OLIVER  
STREET ADDRESS 6287 Ashley Dr.  
CITY-ST-ZIP Lakeland, FL 33813

TITLE TD ☐ Delete  
NAME DOTSON, VICKY  
STREET ADDRESS 6240 ASHLEY DRIVE  
CITY-ST-ZIP LAKE LAND, FL 33813

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

**SIGNATURE:** Vicky Dotson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/06  
Date

843-701-7035  
Daytime Phone #