

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005560

FILED
Feb 18, 2009
Secretary of State

Entity Name: ASHLEY PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

6201 ASHLEY DR.
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

6201 ASHLEY DR.
LAKELAND, FL 33813

New Mailing Address:

FEI Number: 59-3740961 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUPPERT, BRAD
6447 ASHLEY DR
LAKELAND, FL 33813 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: PD () Delete
Name: RUPPERT, BRAD
Address: 6447 ASHLEY DR
City-St-Zip: LAKELAND, FL 33813

Title: SD () Delete
Name: LEE, SHANDA
Address: 6210 ASHLEY DR
City-St-Zip: LAKELAND, FL 33813

Title: TR () Delete
Name: PERSOHN, GORDON
Address: 6270 ASHLEY DR
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: POE, DAVID
Address: 6307 ASHLEY DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: HUNTER, SAM
Address: 6340 ASHLEY DR
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: DOTSON, FRED
Address: 6240 ASHLEY DR
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: GORDON PERSOHN

TR

02/18/2009

Electronic Signature of Signing Officer or Director

_____ Date