

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

03-13-2006 90067 031 ****61.25

DOCUMENT # N01000007840 1. Entity Name ASHTON GLEN HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 2848 PROCTOR RD. SARASOTA, FL 34231		Mailing Address 2848 PROCTOR RD. SARASOTA, FL 34231	
2. Principal Place of Business 2477 STICKNEY, PT, RD Suite, Apt. #, etc. SUITE 118 A City & State SARASOTA, FL Zip 34231 Country US		3. Mailing Address 2477 STICKNEY, PT, RD Suite, Apt. #, etc. SUITE 118 A City & State SARASOTA, FL Zip 34231 Country US	
4. FEI Number 90-0201554		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARGUS PROPERTY MANAGEMENT, INC. 2477 STICKNEY POINT RD., STE. 118A SARASOTA, FL 34231		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 May 1, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD DIMAGGIO, ANN 5233 BENJAMIN LANE SARASOTA, FL 34233	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AMBROZICH, MARK 5325 ANTHONY LANE SARASOTA, FL 34233	☒ Delete	VD PRYOR, TIM 5326 ANTHONY LANE SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KLEMEYER, ROBERT 5396 ANTHONY LANE SARASOTA, FL 34233	☒ Delete	STD GMITRUK, DEBORAH 5320 ANTHONY LANE SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete	
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date Daytime Phone			

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