FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N01133

(0)

ASHTON LAKES NO. 1 CONDOMINIUM ASSOCIATION, INC.							 	
Principal Place of Business Mailing Address								1511 B. B. & B. B. II B.
2951 CLARK ROAD 2951 CLARK ROAD SARASOTA FL 34231 SARASOTA FL 34231								
							3. Date incorporated or Qualified 01/27/1984	3a. Date of Last Report 02/17/1995
2. Principal Pla	ace of Business	2a. Mailing	Address				4. FEI Number	Applied For
21		26					65-0108575	Not Applicable
Suite, Apt. i	ŧ, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional
City & State		Chy & State					Fee Required	
23		City & State				6. Election Campaign Financing	\$5.00 May Be	
Zip	Country	Zip		Coun	ln/		Trust Fund Contribution	Added to Fees
24	25	29		30	c. y		8. This corporation has liability for inter- Florida Statutes	angible tax under s. 199.032, Yes □ No
	9. Name and Address of Currer	1 1	ent	1001			10. Name and Address of New Reg	
				8	B1 Na	inie		
ROBERT	S LAURA				32 St	and Adding	s (P.O. Box Number is Not Acceptable)	
2951 CL	ark RD				2 3	TEGET PAGE 163	is tri. O. Box Normber is Not Acceptable;	
SUITE S	-1111			8	3			
SARASO	TA FL 34231				4 Cit			
						•		FL 85 Zip Code
11. Pursuant to	the provisions of Sections 617.0502	2 and 617.1508, F	lorida Statuti	es, the abovi	e name	ed corporati	on submits this statement for the purpo	
familiar wit	h, and accept the obligations of, Sect	tion 617.0503, Fig	was authorizi orida Statutes	ed by the co	rporati	on's board	of directors. Thereby accept the appoin	itment as registered agent. I am
SIGNATURE, _								
	Signature, typed or printed name of registered agent		(NO	TE: Registered A	gert signa	dure required w		DATE
12.	· · · · · · · · · · · · · · · · · · ·	D DIRECTORS	DE ETC	13.		T	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	PD COCCATING DAY	L	DELETE	1.1 T/TL		ייע	ca tredident up	
NAME DIRECT (ORGANICA	COSENTINO, RAY			1.2 NAV	-		•	
STREET ADDRESS	5675 ASHTON LAKE DR				ET ADDR			
CITY - ST - ZIP TITLE	SARASOTA FL VD		DELETE	-	- ST - ZIP			
NAME	HORNEMAN, THORNTON	L	Juttere	2 1 TITL		140	esident PO	
STREET ADDRESS	5695 ASHTON LAKES DR.			2 2 NAV			, 3,	
CITY - ST - ZIP	SARASOTA FL				EL ADDR			
TITLE	STD		DELETE	3 1 TrTL	7 - S1 - ZIP :	50	cretury TREASURE	Change Addition
NAME	WILLIAMS, MARIE	_	J	3.2 NAM			printer Brew	Addition Addition
STREET ADDRESS	5637 ASHTON LAKES DR.				ET ADOR	155 5	cretury treasure hower Brew 643 Ashlon Luke 6	2. JD
CITY-ST-ZIP	SARASOTA FL				-St ZIP		AVASOR 19 342	2.
TITLE			DELETE	4 1 TITLI			Aprileo, II bis	Change Addition
NAME				4 2 NAN	1 E			
STREET ADDRESS				4.3 STRE	ET ADDR	FSS		
CITY-ST-ZIP				4.4 CITY	-ST-7IP			
TITLE]DELETE	5.1 TrTL				☐ Change ☐ Addition
NAME				5 2 NAM	Ē			_
STREET ADDRESS				53STRE	ET ADDRI	ESS		
CITY-ST-ZIP				5.4 CITY	- S1 - Z1P			
TITLE			DELETE	6 1 TITLE	:			☐ Change ☐ Addition
NAME				62 NAM	E		50000175! -03/25/960100!	5316
STREET ADDRESS				6.3 STRE	E F ADDRI	ESS	-03/25/9601005	5037
CITY-ST-ZIP				6 4 CITY	- ST-ZIP		***61.25	
14. I do hereby	certify that the information supplied the information indicated on this appli	with this filing is vi	oluntarily furni	ished and do	es not	qualify for t	the exemption stated in Section 119.07	(3)(k), Florida Statutes. I further

Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if chapted.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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