

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001352

FILED
Apr 27, 2005
Secretary of State

Entity Name: ASHINGTON ESTATES NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

4902 EISENHOWER BLVD., SUITE 380
TAMPA, FL 33634 US

New Principal Place of Business:

10033 DR. M. L. KING JR. STREET NORTH
SECOND FLOOR
ST. PETERSBURG, FL 33716 US

Current Mailing Address:

4902 EISENHOWER BLVD., SUITE 380
TAMPA, FL 33634 US

New Mailing Address:

10033 DR. M. L. KING JR. STREET NORTH
SECOND FLOOR
ST. PETERSBURG, FL 33716 US

FEI Number: 01-0630284

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALENTI, BETTY D
4902 EISENHOWER BLVD., SUITE 380
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

SMITH, BRIAN K
10033 DR. M. L. KING JR. STREET NORTH
SECOND FLOOR
ST. PETERSBURG, FL 33716 US

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: BRIAN K. SMITH

04/27/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RAYMOND, ERIC
Address: 4902 EISENHOWER BLVD., SUITE 380
City-St-Zip: TAMPA, FL 33634

Title: VD () Delete
Name: NESMAN, DAN
Address: 4902 EISENHOWER BLVD., SUITE 380
City-St-Zip: TAMPA, FL 33634

Title: SD (X) Delete
Name: BELHASSEN, RHONDA
Address: 4902 EISENHOWER BLVD., SUITE 100
City-St-Zip: TAMPA, FL 33634

Title: TD () Delete
Name: LEYDON, CHERYL
Address: 4902 EISENHOWER BLVD., SUITE 100
City-St-Zip: TAMPA, FL 33634

Title: D () Delete
Name: ODYNSKI, BARBARA
Address: 4902 EISENHOWER BLVD., SUITE 100
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: NESMAN, DAN
Address: 4902 EISENHOWER BLVD., SUITE 380
City-St-Zip: TAMPA, FL 33634

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 for the exemption stated in Section 119.07(3)(i), 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: ERIC RAYMOND

PD

04/27/2005

Electronic Signature of Signing Officer or Director

Date