

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 31, 2009
Secretary of State**

DOCUMENT# N02000001352

Entity Name: ASHINGTON ESTATES NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST STATE ROAD 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST STATE ROAD 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 01-0630284 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 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: RAYMOND, ERIC
Address: 17302 CHENANGO LN
City-St-Zip: TAMOA, FL 33647

Title: VPD () Delete
Name: NESMAN, DAN
Address: 17308 EMERALD CHASE DR
City-St-Zip: TAMPA, FL 33647

Title: TD () Delete
Name: LEYDON, CHERYL
Address: 5016 ASHINGTON LANDING DR
City-St-Zip: TAMPA, FL 33647

Title: SD () Delete
Name: PIERCE, GEORGE
Address: 5022 ASHINGTON LANDING DR
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: MURTHY, UDAY
Address: 5034 ASHINGTON LANDINGS DR
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RAYMOND, ERIC
Address: 17302 CHENANGO LN
City-St-Zip: TAMPA, FL 33647

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: ERIC RAYMOND

PD

03/31/2009

Electronic Signature of Signing Officer or Director

Date