

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 20, 2003 8:00 am**  
**Secretary of State**

05-20-2003 90270 001 \*\*\*367.50

**DOCUMENT # N02000001352**  
1. Entity Name  
**ASHINGTON ESTATES NEIGHBORHOOD ASSOCIATION, INC.**



Principal Place of Business  
**4902 EISENHOWER BLVD., SUITE 289  
TAMPA FL 33634**

Mailing Address  
**4902 EISENHOWER BLVD., SUITE 289  
TAMPA FL 33634**

**33046001**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**4902 EISENHOWER BLVD**

3. Mailing Address  
**4902 EISENHOWER BLVD**

Suite, Apt. #, etc.  
**SUITE 380**

Suite, Apt. #, etc.  
**SUITE 380**

City & State  
**TAMPA, FL**

City & State  
**TAMPA, FL**

Zip  
**33634**

Country  
**US**

Zip  
**33634**

Country  
**US**

4. FEI Number  
**01-0630284**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**KIMBALL FLETCHER, PATRICIA P.A.  
200 S. BISCAYNE BLVD., SUITE 3400  
MIAMI FL 33131**

7. Name and Address of New Registered Agent  
Name  
**VALENTI, BETTY D.**  
Street Address (P.O. Box Number is Not Acceptable)  
**4902 EISENHOWER BLVD  
SUITE 380**  
City  
**TAMPA** FL Zip Code  
**33634**

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 Betty D. Valenti **BETTY D. VALENTI** 4/11/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALENTI, BETTY D 4902 EISENHOWER BLVD., SUITE 289 TAMPA FL 33634	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEATHAM, RICHARD 4902 EISENHOWER BLVD., SUITE 289 TAMPA FL 33634	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRANT, WILLIAM E 4902 EISENHOWER BLVD., SUITE 100 TAMPA FL 33634	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALENTI, BETTY 4902 EISENHOWER BLVD., SUITE 380 TAMPA, FL 33634	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Hayden, Thayer 4902 EISENHOWER BLVD., SUITE 380 TAMPA, FL 33634	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD METHENY, MARK 4902 EISENHOWER BLVD., SUITE 100 TAMPA, FL 33634	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Betty D. Valenti **BETTY D. VALENTI** 4/11/03 813 901-5263

CR2E037 (10/02)