

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90680 043 ****61.25

DOCUMENT # N02000004350

1. Entity Name

ASHLEY ESTATES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

4110 S. FLORIDA AVE.
LAKELAND FL 33813

Mailing Address

PO BOX 622
KATHLEEN FL 33849-0622

34030300

2. Principal Place of Business

7665 Manor Dr.

3. Mailing Address

P.O. Box 622

Suite, Apt. #, etc.

Suite, Apt. #, etc.



MOORE

CR2E037 (11/03)

City & State

Lakeland, FL

City & State

Kathleen, FL

4. FEI Number

52-2373221

Applied For

Not Applicable

Zip

33810

Country

USA

Zip

33849

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ADAMS, ROBERT J
4110 S. FLORIDA AVE.
LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name Cheryl D. Semprini

Street Address (P.O. Box Number is Not Acceptable) 7665 Manor Drive

City Lakeland

FL

Zip Code

33810

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 Cheryl D. Semprini

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-7-04

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 PD
NAME GARDNER, DAVID H
STREET ADDRESS 4110 S. FLORIDA AVE.
CITY-ST-ZIP LAKELAND FL 33813 ☒ Delete

TITLE D
NAME ADAMS, ROBERT J
STREET ADDRESS 4110 S. FLORIDA AVE.
CITY-ST-ZIP LAKELAND FL 33813 ☒ Delete

TITLE D
NAME ADAMS, D. JOEL
STREET ADDRESS 4110 S. FLORIDA AVE.
CITY-ST-ZIP LAKELAND FL 33813 ☒ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President ☒ Change ☐ Addition
NAME Cheryl D. Semprini
STREET ADDRESS 7665 Manor Drive
CITY-ST-ZIP Lakeland, FL 33810

TITLE Director ☒ Change ☐ Addition
NAME Andrew McKee
STREET ADDRESS 3564 Manor Loop
CITY-ST-ZIP Lakeland, FL 33810

TITLE Director ☒ Change ☐ Addition
NAME Matthew Walton
STREET ADDRESS 3531 Manor Loop
CITY-ST-ZIP Lakeland, FL 33810

TITLE Vice President ☐ Change ☒ Addition
NAME James Ostojic
STREET ADDRESS 7830 Manor Drive
CITY-ST-ZIP Lakeland, FL 33810

TITLE Secretary ☐ Change ☒ Addition
NAME Kimberley A. Higgins
STREET ADDRESS 7773 Manor Drive
CITY-ST-ZIP Lakeland, FL 33810

TITLE Treasurer ☐ Change ☒ Addition
NAME Debra M. Butler
STREET ADDRESS 3534 Manor Loop
CITY-ST-ZIP Lakeland, FL 33810

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: Cheryl D. Semprini

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-04

Date

863/834-6437

Daytime Phone #