

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90019 012 \*\*\*\*61.25

**DOCUMENT # N02000004350**  
1. Entity Name  
**ASHLEY ESTATES HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**7665 MANOR DR  
LAKELAND FL 33810**

Mailing Address  
**PO BOX 622  
KATHLEEN FL 33849**

**50012181**



1st MOORE CR2E037 (10/04)

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip **33810** Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **52-2373221** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**SEMPRINI, CHERYL D  
7665 MANOR DRIVE  
LAKELAND FL 33810**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete		TITLE	Board Member	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SEMPRINI, CHERYL D			NAME	Chris Morrison		
STREET ADDRESS	7665 MANOR DRIVE			STREET ADDRESS	7788 Manor Drive		
CITY-ST-ZIP	LAKELAND FL 33810			CITY-ST-ZIP	Lakeland, FL 33810		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	Board Member	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MCKEE, ANDREW			NAME	Jennifer Sanders		
STREET ADDRESS	3564 MANOR LOOP			STREET ADDRESS	7704 Manor Drive		
CITY-ST-ZIP	LAKELAND FL 33810			CITY-ST-ZIP	Lakeland, FL 33810		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WALTON, MATTHEW			NAME	Matthew Walton		
STREET ADDRESS	3531 MANOR LOOP			STREET ADDRESS	3531 Manor Loop		
CITY-ST-ZIP	LAKELAND FL 33810			CITY-ST-ZIP	Lakeland, FL 33810		
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	Board Member	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	OSTOJIC, JAMES			NAME	Brian Kesler		
STREET ADDRESS	7830 MANOR DRIVE			STREET ADDRESS	3555 Manor Loop		
CITY-ST-ZIP	LAKELAND FL 33810			CITY-ST-ZIP	Lakeland, FL 33810		
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HIGGINS, KIMBERLY A			NAME			
STREET ADDRESS	7773 MANOR DRIVE			STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33810			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUTLER, DEBRA M			NAME			
STREET ADDRESS	3534 MANOR LOOP			STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33810			CITY-ST-ZIP			

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 Cheryl D Semprini, President 2/1/05 863/834-6437*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #