


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2007 8:00 am**  
**Secretary of State**

02-09-2007 90024 027 \*\*\*\*61.25

<b>DOCUMENT # N02000004350</b> 1. Entity Name <b>ASHLEY ESTATES HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>7665 MANOR DR LAKELAND, FL 33810</b>			Mailing Address <b>PO BOX 622 KATHLEEN, FL 33849</b>		
2. Principal Place of Business - No P.O. Box # <b>3549 Manor Loop</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Lakeland FL</b>		City & State			
Zip <b>33810</b>		Country		4. FEI Number <b>52-2373221</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>BELL, JERRY 3549 MANOR LOOP LAKELAND, FL 33810</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;">           SIGNATURE <u><i>Jerry Bell</i></u>  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <u>President</u>  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> <u>01-14-07</u>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELL, JERRY 3549 MANOR LOOP LAKELAND, FL 33810	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Cameron Taylor 3573 Manor Loop Lakeland FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM MORRISON, CHRIS 7788 MANOR DRIVE LAKELAND, FL 33810	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Shawn Plunkett 3558 Manor Loop Lakeland FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PETERSON, LEE 7866 MANOR DR LAKELAND, FL 33810	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM Victor Mercato 7728 Manor Drive Lakeland FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM WALTON, MATTHEW 3531 MANOR LOOP LAKELAND, FL 33810	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM Brian Fee 3543 Manor Loop Lakeland FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAUNDERS, KEITH 7809 MANOR DR LAKELAND, FL 33810	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM Garth Richards 7725 Manor Drive Lakeland FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NOLAN, MARY 7617 MANOR DR LAKELAND, FL 33810	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <u><i>Jerry Bell</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>01-14-07</u> <small>Date</small>	
				<u>863-398-4135</u> <small>Daytime Phone #</small>	

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01162007 Chg-NP CR2E037 (12/06)