


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 22, 2005 8:00 am**  
**Secretary of State**

08-22-2005 90059 020 \*\*\*\*61.25

<b>DOCUMENT # N02000005804</b> 1. Entity Name <b>THE PALMS OF ASHTON CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>500 S FLORIDA AVE STE 700 LAKELAND, FL 33801</b>		Mailing Address <b>P.O. BOX 5252 LAKELAND, FL 33807</b>	
2. Principal Place of Business <b>19200 Hwy 27</b> Suite, Apt. #, etc.		3. Mailing Address <b>19200 Hwy 27</b> Suite, Apt. #, etc.	
City & State <b>Lake Wales, FL</b>		City & State <b>LAKE WALES, FL</b>	
Zip <b>33853</b>	Country <b>USA</b>	Zip <b>33853</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent  <b>CLARK, RONALD L 500 S FLORIDA AVE STE 700 LAKELAND, FL 33801</b>		7. Name and Address of New Registered Agent Name <b>CHERYL M. MARTIN, CPA</b> Street Address (P.O. Box Number is Not Acceptable) <b>19200 Hwy 27</b> City <b>LAKE WALES</b> <b>FL</b> Zip Code <b>33853</b>	
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 <u><i>Cheryl M. Martin, CPA</i></u> <u><i>Cheryl M. Martin, CPA</i></u> <u><i>8/17/05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>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	D MAXWELL, LAWRENCE W 500 S FLORIDA AVE STE 700 LAKELAND, FL 33801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D OLDFIELD, WILLIAM R. 1204 ASHTON PALMS DRIVE LAKE WALES, FL 33859 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAXWELL, LAWRENCE T 500 S FLORIDA AVE STE 700 LAKELAND, FL 33801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, T, D HOLLAND, CLAY 1203 ASHTON PALMS DRIVE LAKE WALES, FL 33859 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHREIBER, MARK E 549 POPE AVE NW WINTER HAVEN, FL 33883 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, S, D WILSON, ARLENE 2204 ASHTON PALMS DRIVE LAKE WALES, FL 33859 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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.			
<b>SIGNATURE: <u>William R. Oldfield</u> <u>William R. Oldfield</u> <u>8/17/05</u> <u>(863)514-4478</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

**50062581**



08082005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**51-0423271** Applied For  
Not Applicable

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