2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 27, 2006 8:00 am Secretary of State

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DOCUMENT # N0200005804 1. Entity Name THE PALMS OF ASHTON CONDOMINIUM ASSOCIATION, INC.							2006 90028			
Principal Place 19200 HWY LAKE WALES,	27	Mailing Address 19200 HWY 27 LAKE WALES, FL 33853	19200 HWY 27				A214 A214 A214 B214			
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062006	Chg-NP	CR2E	037 (11/05)			
City & State		City & State		,	4. FEI Num 51-04	ber 23271	,		oplied For ot Applicable	
Zip	Country	Zip	Country		5. Certifica	te of Status De	sired 🗌	\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent -	-		7. Name a	nd Address of	New Registered	d Agent		
AAADTINI C	SUEDVI MODA			Name						
MARTIN, CHERYL M CPA 19200 HWY 27 LAKE WALES, FL 33853		Stree		Street Addr	ess (P.O. Box Nun	s (P.O. Box Number is Not Acceptable)				
			City				F	L Zip Cod	e	
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its r	egistered	d office or reg	gistered agent, or l	ooth, in the Sta	te of Florida. I ar	n familiar with,	and accept	
	. 3	-								
SIGNATURE .	Signature, typed or printed name of registered agent	and site if applicable. (NOTE:	Registered A	Agent signature re	equired when reinstating)		DATE			
SIGNATURE .	Signature, typed or printed name of registered agent. Filling Fee (s. \$61.25 Due by May 1, 2006	9. Election Cam Trust Fund Co	paign Fin	nancing _	\$5.00 May Added to Fer		Make che	ck payable t		
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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.

SIGNATURE:

SIGNATURE AND TOPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/201-40

Daytime Phone #