


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000005804 1. Entity Name THE PALMS OF ASHTON CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 19200 HWY 27 LAKE WALES, FL 33853	Mailing Address 19200 HWY 27 LAKE WALES, FL 33853
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01232007 No Chg-NP CR2E037 (4/06)

4. FEI Number 51-0423271	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MARTIN, CHERYL M CPA 19200 HWY 27 LAKE WALES, FL 33853
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COOMBS, MARTHA 2206 ASHTON PLAMS DRIVE LAKE WALES, FL 33859
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD HOLLAND, CLAY 1203 ASHTON PALMS DRIVE LAKE WALES, FL 33859
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSP SHEWMAKE, ANGELA 1104 ASHTON PALMS DRIVE LAKE WALES, FL 33859
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01/31/07-800008-019 61.25

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: Clay Holland Clay Holland 1-26-07 863-255-9894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #