2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 15, 2006 8:00 am Secretary of State

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DOCUMENT # N0300003285 1. Entity Name ASHTON PARK HOMEOWNERS ASSOCIATION, INC.					02-15-2006 90043 047 ****61.25				
Principal Place of Business 101 PARK PLACE RD STE 2 KISSIMMEE, FL 34741		Mailing Address 101 PARK PLACE RD STE 2 SUITE 301 KISSIMMEE, FL 34741			40014178				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01302006	Chg-NP	CR2E	037 (11/05)	
City & State		City & State			4. FEI Number 03-04772	235		نسلسنا	pplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of	Status Desire	d 🗆	\$8.75 Add Fee Require	ditional ed
	6. Name and Address of Curren	t Registered Agent	Name		7. Name and A	ddress of Ne	w Registere	d Agent	
ASSOCIATION MGMT. GROUP OF CENTRAL FL, INC									
101 PARK	PLACE RD STE 2 EE. FL 34741	MINAL I E, MO	Street A	Street Address (P.O. Box Number is Not Acceptable)					
	,,,								
			City				F	L Zip Cod	le
	named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office of	or registere	d agent, or both,	in the State of	Florida. I a	m familiar with,	, and accept
SIGNATURE .	Signature, typed or printed name of registered ager	nt and litte if applicable. (NOTI	E: Registered Agent signa	iture required w	men reinstabng)	r	DATE	<u>-</u>	
SIGNATURE .			E. Registered Agent signa mpalign: Financing				Make che	ck payable t	
SIGNATURE .	Signature, typed or printed name of registered agei		npaign Financing		\$5.00 May Be Added to Fees		Make che		
10.	Signature, typed or printed name of registered again Filling Fee Is \$61.25 Due by May 1, 2006 OFFICERS AND D	9. Election Car Trust Fund C	mpaign Financing Contribution.	C) A	\$5.00 May Be	5.000	Make che lorida Dep	eck payable t artment of S DIRECTORS IN	V 10
	Signature, typed or primed name of registered again Filling Fee Is \$61.25 Due by May 1, 2006	9. Election Car Trust Fund (npaign Financing Contribution.	AL P Sch	\$5.00 May Be Added to Fees DDITIONS/CHAN Alumbohm, 70 Ashtor	George	Make che Portila Dep ICERS AND	ck payable t eroment of S	tate 🔒
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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: SOLCL	2-06-06				
EIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #			
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