


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90184 037 ****61.25

DOCUMENT # N03000003285 1. Entity Name ASHTON PARK HOMEOWNERS ASSOCIATION, INC.					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 03-0477235				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			7. Name and Address of New Registered Agent		
ASSOCIATION MGMT. GROUP OF CENTRAL FL, INC 101 PARK PLACE RD STE 2 KISSIMMEE, FL 34741			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHLUMBOHM, GEORGE		NAME		
STREET ADDRESS	1870 ASHTON PARK PL		STREET ADDRESS		
CITY-ST-ZIP	SAINT CLOUD, FL 34771		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CROSSKEY, THOMAS		NAME		
STREET ADDRESS	1831 ROPER RD		STREET ADDRESS		
CITY-ST-ZIP	SAINT CLOUD, FL 34771		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEPLER, ROBERT		NAME		
STREET ADDRESS	1806 ASHTON PARK PLACE		STREET ADDRESS		
CITY-ST-ZIP	SAINT CLOUD, FL 34771		CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUIZ, WILLIAM		NAME		
STREET ADDRESS	1860 ASHTON PARK PLACE		STREET ADDRESS		
CITY-ST-ZIP	SAINT CLOUD, FL 34771		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARNARD, ALCIA		NAME		
STREET ADDRESS	1833 ROPER RD		STREET ADDRESS		
CITY-ST-ZIP	SAINT CLOUD, FL 34771		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>[Signature]</i>			Date 2-20-08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					