

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007446

FILED  
Apr 22, 2007  
Secretary of State

Entity Name: ASHLEY LAKES HOMEOWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

10210 HIGHLAND MANOR DR., SUITE 100  
TAMPA, FL 33610

## New Principal Place of Business:

1153 MAIN ST  
SUITE 101  
DUNEDIN, FL 34698

## Current Mailing Address:

10210 HIGHLAND MANOR DR., SUITE 100  
TAMPA, FL 33610

## New Mailing Address:

275 RIVIERE ROAD  
PALM HARBOR, FL 34683

FEI Number: 54-2124693

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

BAY MANAGEMENT , INC  
C/O WALTER SIEG  
275 RIVIERE ROAD  
PALM HARBOR, FL, FL 34683 US

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.

SIGNATURE: WALTER SIEG

04/22/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GRUTER, JOHN  
Address: 10210 HIGHLAND MANOR DR., SUITE 100  
City-St-Zip: TAMPA, FL 33610

Title: VPD ( ) Delete  
Name: LISTON, DAVID  
Address: 10210 HIGHLAND MANOR DR., SUITE 100  
City-St-Zip: TAMPA, FL 33610

Title: STD ( ) Delete  
Name: DANDINO, DENNY  
Address: 10210 HIGHLAND MANOR DR., SUITE 100  
City-St-Zip: TAMPA, FL 33610

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: BD (X) Change (X) Addition  
Name: ~~GRUTER, JOHN~~ REBECCA WID  
Address: ~~10210 HIGHLAND MANOR DR.~~ 2306 BARZON VV PLACE  
City-St-Zip: ODESSA, FL 33556

Title: ~~VPD~~ (X) Change (X) Addition  
Name: ~~LISTON, DAVID~~ JANEVIN  
Address: ~~10210 HIGHLAND MANOR DR.~~ 2002 STONEBEE PARK DRIVE  
City-St-Zip: ODESSA, FL 33556

Title: TD (X) Change ( ) Addition  
Name: GAYNOR, MORGAN  
Address: 2043 ASHLEY LAKES DRIVE  
City-St-Zip: ODESSA, FL 33556

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER R. SIEG

MGR

04/22/2007

Electronic Signature of Signing Officer or Director

Date