

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90013 026 ****61.25

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1. Entity Name
ASHLEY LAKES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**1153 MAIN ST
SUITE 101
DUNEDIN, FL 34698**

Mailing Address
**275 RIVIERE ROAD
PALM HARBOR, FL 34683**

40040000



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
1153 Main St. #101
Suite, Apt. #, etc.

03062008 Chg-NP CR2E037 (12/06)

City & State
Dunedin, FL 34698

4. FEI Number
54-2124693
Applied For
Not Applicable

Zip Country
34698

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1153 Main St. #101
City
Dunedin FL 34698

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GREENBLOTT, DAVID	
STREET ADDRESS	2301 CURZON WAY	
CITY-ST-ZIP	ODESSA, FL 33556	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HANSUT, KEVIN	
STREET ADDRESS	2038 STONEVIEW ROAD	
CITY-ST-ZIP	ODESSA, FL 33556	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GAYNOR, MORGAN	
STREET ADDRESS	2043 ASHLEY LAKES DRIVE	
CITY-ST-ZIP	ODESSA, FL 33556	
TITLE	S	<input type="checkbox"/> Delete
NAME	JEANTY, REBECCA	
STREET ADDRESS	2126 HARCOURT PLACE	
CITY-ST-ZIP	ODESSA, FL 33556	
TITLE	D	<input type="checkbox"/> Delete
NAME	FELTS, JANET	
STREET ADDRESS	14022 NOBLE PARK DRIVE	
CITY-ST-ZIP	ODESSA, FL 33556	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TROY DRUMMOND	
STREET ADDRESS	2100 HARCOURT PL	
CITY-ST-ZIP	ODESSA, FL 33556	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JENNIFER FIX	
STREET ADDRESS	2116 HARCOURT PL	
CITY-ST-ZIP	ODESSA, FL 33556	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Troy Drummond **TROY DRUMMOND**

3/11/08

813-220-6871