

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007446

FILED
Mar 20, 2009
Secretary of State

Entity Name: ASHLEY LAKES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1153 MAIN ST
SUITE 101
DUNEDIN, FL 34698

New Principal Place of Business:

2445 TAMPA ROAD
SUITE B
PALM HARBOR, FL 34683

Current Mailing Address:

1153 MAINS T. #101
DUNEDIN, FL 34698

New Mailing Address:

2445 TAMPA ROAD
SUITE B
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:

BAY MANAGEMENT INC
1153 MAIN ST. #101
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

BAY MANAGEMENT INC
2445 TAMPA ROAD
SUITE B
PALM HARBOR, 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:

03/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: DRUMMOND, TROY
Address: 2100 HARCOURT PL
City-St-Zip: ODESSA, FL 33556

Title: P () Delete
Name: HANSUT, KEVIN
Address: 2038 STONEVIEW ROAD
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: GAYNOR, MORAGAN
Address: 2043 ASHLEY LAKES DRIVE
City-St-Zip: ODESSA, FL 33556

Title: S () Delete
Name: FIX, JENNIFER
Address: 2116 HARCOURT PL
City-St-Zip: ODESSA, FL 33556

Title: VP () Delete
Name: FELTS, JANET
Address: 14022 NOBLE PARK DRIVE
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: GREENBLOTT, DAVID
Address: 2301 CURZON WAY
City-St-Zip: ODESSA, FL 33556

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PUCCINI, CHARLES
Address: 2246 CURZON WAY
City-St-Zip: ODESSA, FL 33556

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: GABLE, FINLEY
Address: 2026 HARCOURT PL
City-St-Zip: ODESSA, FL 33556

I hereby certify that the information supplied with this filing does not qualify 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: WALT SIEG

RA

03/20/2009

Electronic Signature of Signing Officer or Director

Date