

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90072 036 ****61.25

DOCUMENT # N03000009798

1. Entity Name
ASHBURY COMMUNITY ASSOCIATION, INC.



Principal Place of Business
**575 S. WICKHAM ROAD
WEST MELBOURNE, FL 32904**

Mailing Address
**575 S. WICKHAM ROAD
WEST MELBOURNE, FL 32904**

40072136



01052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2413684

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CLARK, COY A
575 S. WICKHAM ROAD
WEST MELBOURNE, FL 32904**

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CLARK, COY A
STREET ADDRESS 575 S. WICKHAM ROAD
CITY-ST-ZIP WEST MELBOURNE, FL 32904

TITLE SD
NAME ROBB, ROBERT
STREET ADDRESS 575 S WICKHAM RD, STE 1
CITY-ST-ZIP WEST MELBOURNE, FL 32904

TITLE T
NAME HALLEY, CLARK
STREET ADDRESS 575 S. WICKHAM ROAD
CITY-ST-ZIP WEST MELBOURNE, FL 32904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

ROBERT F ROBB

Date

1/8/07

Daytime Phone #