2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2008 8:00 am
Secretary of State
01-18-2008 90006 027 ****61.25

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1. Entity Name
ASBURY PARK VILLAS HOMEOWNERS ASSOCIATION, INC

66015421

Principal Place of Business	Mailing Address
4907 BAYSHORE BLVD TAMPA, FL 33611	P O BOX 173071 TAMPA, FL 33672

03062008 Chg-NP CR2E037 (12/06)

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 38-3723253 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOSTIC, TERRANCE DIR
4907 BAYSHORE BLVD
118
TAMPA, FL 33611

7. Name and Address of New Registered Agent

Name Alice Prieto
Street Address (P.O. Box Number is Not Acceptable) 8602 Leighton Dr
City Tampa **FL** Zip Code 33614

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 ALICE M PRIETO Alice M Prieto 4/14/08
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE	VPD	☒ Change ☐ Addition
NAME	BOSTIC, TERRANCE		NAME	Bostic, Terrance	
STREET ADDRESS	4907 BAYSHORE BLVD, UNIT 118		STREET ADDRESS	4907 Bayshore Blvd unit 118	
CITY-ST-ZIP	TAMPA, FL 33611		CITY-ST-ZIP	Tampa, Fl 33611	
TITLE	VPD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	ARKOVICH, ROBBIE		NAME	Arkovich, Robbie	
STREET ADDRESS	4907 BAYSHORE BLVD, UNIT 103		STREET ADDRESS	4907 Bayshore Blvd unit 103	
CITY-ST-ZIP	TAMPA, FL 33611		CITY-ST-ZIP	Tampa, Fl 33611	
TITLE	D	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	MARCOTTE, CYNTHIA		NAME	Anzalone, Lawrence	
STREET ADDRESS	4907 BAYSHORE BLVD, UNIT 122		STREET ADDRESS	4907 Bayshore Blvd unit 118	
CITY-ST-ZIP	TAMPA, FL 33611		CITY-ST-ZIP	Tampa, Fl 33611	
TITLE	T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FARMER, BETH		NAME		
STREET ADDRESS	BAYSHORE BLVD UNIT 102		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33611		CITY-ST-ZIP		
TITLE	S	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	GRAY, IRENE		NAME		
STREET ADDRESS	4907 BAYSHORE BLVD UNIT 113		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33611		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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: _____ Date 4/14/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR