# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 24, 2009**
**Secretary of State**

DOCUMENT# N05000002458

**Entity Name:** ASHLEY PINES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

9300 N. 16TH ST
TAMPA, FL 33612

**New Principal Place of Business:**

**Current Mailing Address:**

9300 N. 16TH ST
TAMPA, FL 33612

**New Mailing Address:**

**FEI Number: 54-2180058** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WINFIELD, JANET
9300 N. 16TH ST.
2180 W SR 434 - STE. 5000
TAMPA, FL 33612 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: ADEWUNMI, SOLA
Address: 9300 N. 16TH ST
City-St-Zip: TAMPA, FL 33612

Title: VPD ( ) Delete
Name: PENTIFALLO, MICHELLE
Address: 9300 N. 16TH ST.
City-St-Zip: TAMPA, FL 33612

Title: SD ( ) Delete
Name: SHIRLEY, RAY
Address: 9300 N. 16TH ST.
City-St-Zip: TAMPA, FL 33612

Title: T ( ) Delete
Name: MEKA, SRI
Address: 9300 N. 16TH ST.
City-St-Zip: TAMPA, FL 33612

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: JANET WINFIELD AGEN 02/24/2009

Electronic Signature of Signing Officer or Director — Date