

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 16, 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:** D (X) Change () Addition
Name: LOBLACK, JOHN DR
Address: 9300 N. 16TH ST.
City-St-Zip: TAMPA, FL 33612**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** TD (X) Change () Addition
Name: ALLEN, TAMMY L
Address: 9300 N. 16TH ST.
City-St-Zip: TAMPA, FL 33612

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

09/16/2009

Electronic Signature of Signing Officer or Director

Date