


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000008591

1. Entity Name
THE ASHTON AT ASHTON COURT COMMERCIAL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address

5300 ASHTON CT 5300 ASHTON CT
SARASOTA, FL 34233 SARASOTA, FL 34233

DO NOT WRITE IN THIS SPACE



08092007 No Chg-NP CR2E037 (4/06)

| | |
|---|-------------------------------|
| 4. FEI Number 20-3585605 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**OLIVIER, JOHN D
 ICARD, MERRILL, CULLIS, TIMM, FUREN & GINSBURG PA
 2033 MAIN STREET STE 600
 SARASOTA, FL 34237**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WINSTEAD, JAMES C 5300 ASHTON CT SARASOTA, FL 34233 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP COCHRAN, DIANE 5310 ASHTON CT SARASOTA, FL 34233 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S DION, TOM 5308 ASHTON CT SARASOTA, FL 34233 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T WINSTEAD, VIVIAN 5300 ASHTON CT SARASOTA, FL 34233 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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: *Vivian Winstead* 9.7.07 (941) 730-5888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #