


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 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



04302008 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
 20-3585605 Not Applicable

5. Certificate of Status Desired **\$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 _____ (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

100000947196
 06/02/08-80004-017 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WINSTEAD, JAMES C
STREET ADDRESS	5300 ASHTON CT
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	VP
NAME	COCHRAN, DIANE
STREET ADDRESS	5310 ASHTON CT
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	S
NAME	DION, TOM
STREET ADDRESS	5308 ASHTON CT
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	T
NAME	WINSTEAD, VIVIAN
STREET ADDRESS	5300 ASHTON CT
CITY-ST-ZIP	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* 4/30/08 (941) 730-5888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #