

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2009
Secretary of State**

DOCUMENT# N05000008591

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

Current Principal Place of Business:

5300 ASHTON CT
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

5300 ASHTON CT
SARASOTA, FL 34233

New Mailing Address:

FEI Number: 20-3585605 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

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 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: P () Delete
Name: WINSTEAD, JAMES C
Address: 5300 ASHTON CT
City-St-Zip: SARASOTA, FL 34233

Title: VP () Delete
Name: COCHRAN, DIANE
Address: 5310 ASHTON CT
City-St-Zip: SARASOTA, FL 34233

Title: S () Delete
Name: DION, TOM
Address: 5308 ASHTON CT
City-St-Zip: SARASOTA, FL 34233

Title: T () Delete
Name: WINSTEAD, VIVIAN
Address: 5300 ASHTON CT
City-St-Zip: SARASOTA, FL 34233

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: VIVIAN WINSTEAD

T

04/30/2009

Electronic Signature of Signing Officer or Director

Date