

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012853

FILED
Apr 07, 2009
Secretary of State

Entity Name: ASHLEY PARK AT HARMONY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 20-4568761

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD, FL 32779 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: WILSON, CHRIS
Address: 5850 TG LEE BLVD STE 600
City-St-Zip: ORLANDO, FL 32822

Title: VPD () Delete
Name: LAWSON, ROBERT
Address: 5850 TG LEE BLVD STE 600
City-St-Zip: ORLANDO, FL 32822

Title: SD () Delete
Name: MURPHY, BRANDY
Address: 5850 TG LEE BLVD STE 600
City-St-Zip: ORLANDO, FL 32822

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HAZLETT, WILLIAM L
Address: 7100 RED LANTERN DR
City-St-Zip: HARMONY, FL 34773

Title: VPD (X) Change () Addition
Name: ELDREDGE, DOUG
Address: 3555 CLAY BRICK RD
City-St-Zip: HARMONY, FL 34773

Title: SD (X) Change () Addition
Name: CALABRO, CHAD
Address: 7136 FORTY BANKS RD
City-St-Zip: HARMONY, FL 34773

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: WILLIAM L HAZLETT

PD

04/07/2009

Electronic Signature of Signing Officer or Director

Date