

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007747

FILED
Jan 06, 2007
Secretary of State

Entity Name: ASHLYN PARK OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 272805
TAMPA, FL 336882805

New Principal Place of Business:

Current Mailing Address:

PO BOX 272805
TAMPA, FL 336882805

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAROTHERS, C. GRAHAM JR ESQ
101 EAST KENNEDY BLVD STE 2800
TAMPA, FL 33602 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: DPS () Delete
Name: SPECTOR, SCOTT
Address: PO BOX 272805
City-St-Zip: TAMPA, FL 336882805

Title: DT () Delete
Name: SPECTOR, ELLIOTT
Address: PO BOX 272805
City-St-Zip: TAMPA, FL 336882805

Title: DV () Delete
Name: ALBERT, AL
Address: 805 COURT ST
City-St-Zip: CLEARWATER, FL 33756

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: SCOTT SPECTOR

DPS

01/06/2007

Electronic Signature of Signing Officer or Director

Date