
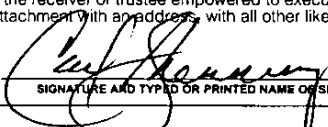


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90055 031 ****61.25

DOCUMENT # N06000013003			
1. Entity Name ASHLEY FARMS GOLF & COUNTRY CLUB MASTER ASSOCIATION, INC.			
Principal Place of Business 24301 WALDEN CENTER DR. BONITA SPRINGS, FL 34134		Mailing Address 24301 WALDEN CENTER DR. BONITA SPRINGS, FL 34134	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2020 CLUBHOUSE DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State SUN CITY CENTER	
Zip	Country	Zip	Country
33573		Hillsborough	
4. FEI Number 20-8152285		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		7. Name and Address of New Registered Agent	
HASTINGS, VIVIEN N 24301 WALDEN CENTER DR. BONITA SPRINGS, FL 34134		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	
		Zip Code	
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 _____			
Signature, typed or printed name of registered agent and title if applicable.		(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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUPER, JOHN	NAME	KING, ROBERT
STREET ADDRESS	24301 WALDEN CENTER DR.	STREET ADDRESS	5599 NW 32 ND STREET
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	CITY-ST-ZIP	OCALA, FL 34482
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHENNING, CARL	NAME	KENNEALY, PATRICK
STREET ADDRESS	24301 WALDEN CENTER DR.	STREET ADDRESS	4782 NW 80 TH AVE.
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	CITY-ST-ZIP	OCALA, FL 34482
TITLE	STD <input checked="" type="checkbox"/> Delete	TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEITH, SYLVIA	NAME	SHENNING, CARL
STREET ADDRESS	24301 WALDEN CENTER DR.	STREET ADDRESS	5599 NW 32 ND ST. RD.
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	CITY-ST-ZIP	OCALA, FL 34482
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		VICE PRESIDENT CARL SHENNING	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		3-5-2008 352-547-2101	
		Daytime Phone #	