


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N07000001047	
1. Entity Name ASBURY PARK AT AVE MARIA NEIGHBORHOOD ASSOCIATION, INC.	

FILED

08 JUL 11 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business C/O PULTE HOME CORPORATION 9240 ESTERO PARK COMMONS BLVD ESTERO, FL 33928	Mailing Address C/O PULTE HOME CORPORATION 9240 ESTERO PARK COMMONS BLVD ESTERO, FL 33928
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2. Principal Place of Business - No P.O. Box # C/O Intergrated Property Mgmt.	3. Mailing Address C/O Intergrated Property Mgmt.
Suite, Apt. #, etc. 3435 10th Street N. #201	Suite, Apt. #, etc. 3435 10th Street N. #201
City & State Naples, FL	City & State Naples, FL
Zip 34103	Country
Zip 34103	Country

02252008 Chg-NP CR2E037 (12/06)

4. FEI Number 26-2962189	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STACKHOUSE, EDWIN D C/O PULTE HOME CORPORATION 9240 ESTERO PARK COMMONS BLVD . ESTERO, FL 33928	7. Name and Address of New Registered Agent Name Intergrated Property Mgmt, INC. Street Address (P.O. Box Number is Not Acceptable) 3435 10th Street N. #201 City Naples, FL 34103 FL Zip Code
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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 J Murphy 3/20/08
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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STACKHOUSE, EDWIN D 9240 ESTERO PARK COMMONS BLVD ESTERO, FL 33928 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Brooks, Scott 9240 Estero Park Commons Blvd. Estero, FL 32928 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCCORMICK, RICHARD 9240 ESTERO PARK COMMONS BLVD ESTERO, FL 33928 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV McCormick, Richard 9240 Estero Park Commons Blvd. Estero, FL 32928 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAY, LAURA 9240 ESTERO PARK COMMONS BLVD ESTERO, FL 33928 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST Ray, Laura 9240 Estero Park Commons Blvd. Estero, FL 32928 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	04/10/08 90028 015 \$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Laura A. Ray 3/22/08 239-495-4802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #