


## 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N07000003709</b> 1. Entity Name <b>ASHTON OAKS CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business 2907 BAY TO BAY BLVD STE 301 TAMPA, FL 33629	Mailing Address 2907 BAY TO BAY BLVD STE 301 TAMPA, FL 33629
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2. Principal Place of Business - No P.O. Box # <b>2202 N. WESTSHORE BLVD</b> Suite, Apt. #, etc. <b>STE 200, OFC 240</b> City & State <b>TAMPA, FL</b> Zip <b>33607</b>	3. Mailing Address <b>2202 N WESTSHORE BLVD</b> Suite, Apt. #, etc. <b>STE 200, OFC 240</b> City & State <b>TAMPA, FL</b> Zip <b>33607</b>
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REINSTATEMENT 08

4. FEI Number <b>26-3743612</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

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: CT CORPORATION SYSTEM *Madonna Cuddihy* 11-26-08  
Signature, typed or printed name of registered agent and the filer, if applicable. (NOTE: Registered Agent must sign when reinstating) DATE

**FILE NOW!!! FEE IS \$236.25**  
**After January 1, 2009, Fee will be \$297.50**

Special Assistant Secretary

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>JOUDREY, RICHARD</b> <input checked="" type="checkbox"/> Delete 2907 BAY TO BAY BLVD - STE 301 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>O'ROURKE, MICHAEL</b> <input checked="" type="checkbox"/> Delete 2907 BAY TO BAY BLVD - STE 301 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <b>BENSKO, LINDSAY</b> <input checked="" type="checkbox"/> Delete 2907 BAY TO BAY BLVD - STE 301 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>JEFF HILL</b> 2202 N. WESTSHORE BLVD, STE 200, OFC 240 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DEBORAH DENISON</b> 2202 N. WESTSHORE BLVD, STE 200, OFC 240 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>ARIEL JIMENEZ</b> 2202 N WESTSHORE BLVD, STE 200, OFC 240 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	12/03/08--01036--009 **236.25 <b>300138411243</b> 12/03/08--01036--009 **236.25
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"/> 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 817, 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: *Jeff H. H* 11/21/08 813-835-9200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #