

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07780

FILED
Apr 21, 2009
Secretary of State

Entity Name: ASHLEY CREEK HOME OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

4802 SW 85TH AVENUE
GAINESVILLE, FL 32608 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 142124
GAINESVILLE, FL 32614 US

New Mailing Address:

FEI Number: 59-2781484

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATHIE TROIANO
4802 SW 85TH AVE
GAINESVILLE, FL 32608 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: D () Delete
Name: PLATTS, HARRY E
Address: 200 NE 10TH AVE
City-St-Zip: POMPANO BCH, FL

Title: VP () Delete
Name: PLATTS, JULIE
Address: 200 NE 10TH AVE
City-St-Zip: POMPANO, FL

Title: PD () Delete
Name: PLATTS, JOHNATHAN
Address: 200 NE 10TH AVE
City-St-Zip: POMPANO, FL

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 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: HARRY PLATTS

PRES

04/21/2009

Electronic Signature of Signing Officer or Director

Date