2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004309

FILED Mar 18, 2009 Secretary of State

Entity Name: ASHLEY PLANTATION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Rusiness:			Now Principal Blace of B.	New Principal Place of Rusiness:	
Current Principal Place of Business:			New Fillicipal Place of Bu	New Principal Place of Business:	
3 WEST GARDEN STREET				3 WEST GARDEN STREET	
394 PENSACC	DLA, FL 3250	2	PENSACOLA, FL 32502	SUITE 394 PENSACOLA, FL 32502	
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
P. O. BOX	12358				
	DLA, FL 3259	1			
FEI Number:	: 26-2530746	FEI Number Applied For ()	FEI Number Not Applicable ()	ertificate of Status Desired ()	
Name and	l Address of	Current Registered Agent:	Name and Address of Nev	v Registered Agent:	
BAKER, R	ICHARD R		BAKER, RICHARD R		
3 WEST GARDEN STREET 394			3 WEST GARDEN STREET SUITE 394	3 WEST GARDEN STREET	
PENSACOLA, FL 32502 US				PENSACOLA, FL 32502 US	
		submits this statement for the p	urpose of changing its registered offic	e or registered agent, or both,	
	e of Florida.			00/10/0000	
SIGNATURE:			-1	03/18/2009	
		onic Signature of Registered Age		Date	
OFFICER	S AND DIREC	CTORS:	ADDITIONS/CHANGES TO	O OFFICERS AND DIRECTOR	
Title:	,) Delete		nange()Addition	
Name: Address:	GILMORE, J. 1313 CREIGH		Name: Address:		
City-St-Zip:	PENSACOLA,		City-St-Zip:		
Title:) Delete	* *	nange () Addition	
Name:	BAKER, RICH		Name:		
Address: City-St-Zip:	P. O. BOX 123 PENSACOLA,		Address: City-St-Zip:		
			- '	() Addition	
Title: Name:	S, T (BAKER, RICH)Delete ARD R	Title: () Ch Name:	nange () Addition	
Address:	P. O. BOX 12		Address:		
City-St-Zip:	PENSACOLA,	FL 32591	City-St-Zip:		
Title:	D () Delete	Title: () Cr	nange () Addition	
Name:	BAKER, RICH		Name:		
Address:	P. O. BOX 123		Address:		
	PENSACOLA,	LF 950A1	City-St-Zip:		
Title:	,) Delete	. ,	nange () Addition	
Vame: Address:	RITCHIE, BUZ P. O. BOX 134		Name: Address:		
nuul 655.	PENSACOLA,		City-St-Zip:		
City-St-Zip:	Б. /) Delete	Title: () Ch	nange () Addition	
	D (Name:		
City-St-Zip: Title: Name:	GILMORE, J.				
Title:	•	ITON ROAD	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: DICK BAKER VP 03/18/2009