


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90186 013 \*\*\*\*61.25

<b>DOCUMENT # N08083</b> 1. Entity Name THE ASHLAND MASTER ASSOCIATION, INC.	
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Principal Place of Business CAPITAL PROPERTIES GROUP, INC 3364 CLEVELAND AVE FORT MYERS, FL 33901	Mailing Address CAPITAL PROPERTIES GROUP, INC 3364 CLEVELAND AVE FORT MYERS, FL 33901
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**DO NOT WRITE IN THIS SPACE**



01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2691516	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

RAGER, KENNETH  
CAPITAL PROPERTIES GROUP, INC  
3364 CLEVELAND AVE  
FORT MYERS, FL 33901

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SLOAN, PAUL 7129 LAKERIDGE VIEW APT 404 B FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GRAY, WILLIAM 7129 LAKE RIDGE VIEW CT APT 503 B FT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SEXTON, PHILLIP 7129 LAKE RIDGE VIEW CT APT 404 B FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: William A. Gray  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/06 1239/481-8287  
Date Daytime Phone #