

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90072 020 \*\*\*\*61.25

**DOCUMENT # N08083**

1. Entity Name  
**THE ASHLAND MASTER ASSOCIATION, INC.**



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**

**40024557**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01312007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-2691516**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME SLOAN, PAUL  
STREET ADDRESS 7129 LAKERIDGE VIEW APT 404 B  
CITY-ST-ZIP FORT MYERS, FL 33907

TITLE VPD ☒ Delete  
NAME GRAY, WILLIAM  
STREET ADDRESS 7129 LAKE RIDGE VIEW CT APT 503 B  
CITY-ST-ZIP FT MYERS, FL 33907

TITLE STD ☒ Delete  
NAME SEXTON, PHILLIP  
STREET ADDRESS 7129 LAKE RIDGE VIEW CT APT 404 B  
CITY-ST-ZIP FORT MYERS, FL 33907

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition  
NAME MICHAEL KOVACH  
STREET ADDRESS 7119 LAKERIDGE VIEW #504A  
CITY-ST-ZIP FORT MYERS, FL 33907

TITLE VPD ☐ Change ☐ Addition  
NAME CAROLYN WALTERS  
STREET ADDRESS 7119 LAKERIDGE VIEW #401A  
CITY-ST-ZIP FT. MYERS, FL 33907

TITLE STD ☐ Change ☐ Addition  
NAME ROGER YTERBERG  
STREET ADDRESS 7119 LAKERIDGE VIEW #201A  
CITY-ST-ZIP FORT MYERS, FL 33907

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Michael Kovach*

2/22/07

481-1414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(MICHAEL KOVACH)