

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90027 029 ****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

40005646



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042008 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, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE **SECRETARY / TREASURER** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☒ Delete
NAME **YTTERBERG, ROGER**
STREET ADDRESS **7119 LAKERIDGEVIEW #201A**
CITY-ST-ZIP **FORT MYERS, FL 33907**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition
NAME **CAROLYN SLOAN**
STREET ADDRESS **7129 LAKERIDGE VIEW CT #104B**
CITY-ST-ZIP **FT. MYERS, FL 33907**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 **PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/08
Date

(239) 481-1414
Daytime Phone #