2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# N08083

Entity Name: THE ASHLAND MASTER ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2691516 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAGER, KENNETH
CAPITAL PROPERTIES GROUP, INC
3364 CLEVELAND AVE
FORT MYERS, FL 33901 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: PD ( ) Delete
Name: KOVACH, MICHAEL
Address: 7119 LAKERIDGE VIEW #504A
City-St-Zip: FORT MYERS, FL 33907

Title: ST ( ) Delete
Name: WALTERS, CAROLYN
Address: 7119 LAKERIDGE VIEW #401A
City-St-Zip: FT MYERS, FL 33907

Title: VP ( ) Delete
Name: SLOAN, CAROLYN
Address: 7129 LAKERIDGE VIEW CT 104B
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: KOVACH, MICHAEL
Address: 7119 LAKERIDGE VIEW #504A
City-St-Zip: FORT MYERS, FL 33907

Title: P (X) Change ( ) Addition
Name: WALTERS, CAROLYN
Address: 7119 LAKERIDGE VIEW #401A
City-St-Zip: FT MYERS, FL 33907

Title: STD (X) Change ( ) Addition
Name: GRAY, WILLIAM
Address: 7129 LAKERIDGE VIEW CT #503B
City-St-Zip: FORT MYERS, FL 33907

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: CARLOYN WALTERS P 02/12/2009

Electronic Signature of Signing Officer or Director — Date