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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N08842**

1. Corporation Name
ASHLEY PARK HOMEOWNERS ASSOCIATION, INC.

* 1 4 7 1 2 1 · 9 0 1 0 9 · 9 2 1 *

Principal Place of Business	Mailing Address
7 22151 SHOREWOOD DR BOCA RATON FL 33428 US	22151 SHOREWIND DR BOCA RATON FL 33428 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/22/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1766577 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

VALYO, PAUL
22151 SHOREWIND DRIVE
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	MAIDA, VINCENT		1.2 NAME	Vincent Maida	
STREET ADDRESS	22561 BLUE FIN TR		1.3 STREET ADDRESS	22561 Blue Fin Trail	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	Boca Raton, FL 33428	
TITLE	SD	☐ DELETE	2.1 TITLE	TD	☐ Change ☐ Addition
NAME	HORTON, MARY		2.2 NAME	Mary Horton	
STREET ADDRESS	22556 SEA BASS DR		2.3 STREET ADDRESS	22556 Sea Bass Drive	
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	Boca Raton, FL 33428	
TITLE	VD	☐ DELETE	3.1 TITLE	VD	☐ Change ☐ Addition
NAME	TIBOR-KONCZ		3.2 NAME	Tibor Koncz	
STREET ADDRESS	22352 SEA BASS DR		3.3 STREET ADDRESS	22352 Sea Bass Drive	
CITY-ST-ZIP	BOCA RATON FL 33428		3.4 CITY-ST-ZIP	Boca Raton, FL 33428	
TITLE	D	☑ DELETE	4.1 TITLE	SD	☐ Change ☑ Addition
NAME	FERNANDEZ, CLAUDIA		4.2 NAME	Pamela Faw	
STREET ADDRESS	22522 BLUE MARLIN DR		4.3 STREET ADDRESS	22552 Swordfish Drive	
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP	Boca Raton, FL 33428	
TITLE	TD	☑ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME	NEMZIN, LARRY		5.2 NAME	Terry Jarosz	
STREET ADDRESS	22347 SEA BASS DR		5.3 STREET ADDRESS	22347 Swordfish Drive	
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP	Boca Raton, FL 33428	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Vincent Maida **SIGNATURE REQUIRED** 561-451-3899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #