

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08842

1. Entity Name

ASHLEY PARK HOMEOWNERS ASSOCIATION, INC.

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90038 029 ****61.25

Principal Place of Business

Mailing Address

7
22151 SHOREWOOD DR
BOCA RATON FL 33428
US

22151 SHOREWIND DR
BOCA RATON FL 33428-4707
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1766577

Applied For

Not Applicable

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

VALYO, PAUL
22151 SHOREWIND DRIVE
BOCA RATON FL 33428

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME MAIDA, VINCENT
STREET ADDRESS 22561 BLUE FIN TR
CITY-ST-ZIP BOCA RATON FL 33428

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

TITLE TD ☐ Delete
NAME HORTON, MARY
STREET ADDRESS 22556 SEA BASS DR
CITY-ST-ZIP BOCA RATON FL 33428

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

TITLE VD ☐ Delete
NAME TIBOR-KONCZ
STREET ADDRESS 22352 SEA BASS DR
CITY-ST-ZIP BOCA RATON FL 33428

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

TITLE SD ☐ Delete
NAME FAU, PAMELA
STREET ADDRESS 22552 SWORD FISH DR
CITY-ST-ZIP BOCA RATON FL 33428

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

TITLE D ☐ Delete
NAME JAROSZ, TERRY
STREET ADDRESS 22397 SWORD FISH DR
CITY-ST-ZIP BOCA RATON FL 33428

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 exemption stated in Section 119.07(3)(i), 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:

Vincent Maida
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-2000

Date

561-451-3899

Daytime Phone #

CR2E037 (9/99)