

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90327 042 ****61.25

DOCUMENT # N08842
 1. Entity Name
ASHLEY PARK HOMEOWNERS ASSOCIATION, INC.



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

54031303



MOORE CR2E037 (11/03)

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address 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
VALYO, PAUL
22151 SHOREWIND DRIVE
BOCA RATON FL 33428

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | 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 NAME	PD MAIDA, VINCENT	<input type="checkbox"/> Delete
STREET ADDRESS	22561 BLUE FIN TR	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE NAME	D SHAW, WILLIAM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	22576 BLUE FIN TRAIL	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE NAME	VD TIBOR-KONCZ	<input type="checkbox"/> Delete
STREET ADDRESS	22352 SEA BASS DR	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE NAME	SD MITCHELL, VALATI	<input type="checkbox"/> Delete
STREET ADDRESS	22496 SWORDFISH	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE NAME	D SMITH, MARY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	22397 SWORD FISH DR	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D CUTRARI, JOE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	22544 Sea Bass Drive	
CITY-ST-ZIP	Boca Raton, FL 33428	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	TD WAYSLOWSKY, JEFFREY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	22346 Sea Bass Drive	
CITY-ST-ZIP	Boca Raton, FL 33428	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *X Vincent Maida* Vincent Maida 4-9-04 561-362-7444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #