

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90010 015 ****61.25

DOCUMENT # N08842

1. Entity Name

ASHLEY PARK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

7
22151 SHOREWOOD DR
BOCA RATON FL 33428
US

Mailing Address

22151 SHOREWIND DR
BOCA RATON FL 33428
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. 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

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE D ☐ Delete
NAME SMITH, MARY
STREET ADDRESS 22538 SEA BASS DR
CITY-ST-ZIP BOCA RATON FL 33428

TITLE DVT ☐ Delete
NAME TERNADEZ, CLAUDIA
STREET ADDRESS 22522 BLUE MARLIN DR
CITY-ST-ZIP BOCA RATON FL 33428

TITLE SD ☐ Delete
NAME MITCHELL, VALATI
STREET ADDRESS 22496 SWORDFISH
CITY-ST-ZIP BOCA RATON FL 33428

TITLE TD ☐ Delete
NAME WAYSLOWSKY, JEFFREY
STREET ADDRESS 22346 SEA BASS DRIVE
CITY-ST-ZIP BOCA RATON FL 33428

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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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 Section 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: X

Vincent Maida

2/10/06

561-362-7444