2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08842

FILED Feb 05, 2009 Secretary of State

Entity Name: ASHLEY PARK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
				•	
7 22151 SHOREWOOD DR				DREWOOD DR	
	TON, FL 3342		BUCA RAT	FON, FL 33428 US	
	(1011, 1 = 3542				
Current M	Mailing Addres	ss:	New Maili	ng Address:	
22151 SH	OREWIND DR	2			
BOCA RA	TON, FL 3342	28 US			
El Number	r: 59-1766577	FEI Number Applied For ()	FEI Number Not Appl	icable () Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name and	Address of New Registered Agent:	
/ALYO, P.	'AUI				
	OREWIND DR	RIVE			
	TON, FL 3342				
The above	e named entity	submits this statement for the p	ourpose of changing i	ts registered office or registered agent, or both,	
	e of Florida.	·			
SIGNATU	RE:				
Electronic Signature of Registered Agent			ent	 Date	
OFFICER	S AND DIREC	TORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS	
ītle:	PD () Delete	Title:	() Change () Addition	
lame:	MAIDA, VINCE		Name:		
\ddress:	22561 BLUE F		Address:		
ity-St-Zip:	BOCA RATON,	FL 33428	City-St-Zip:		
itle:	D () Delete	Title:	VP (X) Change () Addition	
lame:	ESOLA, DIANE		Name:	ESOLA, DIANE	
Address:	22658 SEA BA		Address:	22658 SEA BASS DRIVE	
City-St-Zip:	BOCA RATON,		City-St-Zip:	BOCA RATON, FL 33428	
2 I					
itle:	TD () Delete	Title:	() Change () Addition	
lame:	HOLTZ, STEPH	HEN	Name:		
ddress:	23370 SEA BA	SS DRIVE	Address:		
City-St-Zip:	BOCA RATON,	FL 33428	City-St-Zip:		
itle:	SD () Delete	Title:	() Change () Addition	
	,) Delete	Name:	() Change () Addition	
lame:	SMITH, MARY	CC DDIVE			
Address:	22598 SEA BA		Address:		
City-St-Zip:	BOCA RATON,	FL 33428	City-St-Zip:		
ītle:	VPD () Delete	Title:	() Change () Addition	
lame:	WAYSLOWSK		Name:	() J () · ·········	
Address:	22346 SEA BA		Address:		
City-St-Zip:	BOCA RATON,		City-St-Zip:		
zπy-οι-∠ιμ.	BOOK KATON,	1.2 00420	Oity-Ot-Zip.		

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: PAUL VALYO RA 02/05/2009