2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# N12385

Entity Name: ASHLEY LAKE PLANTATION PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

239 ASHLEY LAKE DR
MELROSE, FL 32666

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1053
MELROSE, FL 32666

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCDONALD, BEVERLY
RR 1 BOX 1137
MELROSE, FL 32666 US

Name and Address of New Registered Agent:

SHEFFIELD, GARY
179 ASHLEY LAKE DRIVE
MELROSE, FL 32666 US

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: GARY SHEFFIELD 05/01/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SKAJA, NORBERT W
Address: 209 ASHLEY LAKE DR
City-St-Zip: MELROSE, FL 32666

Title: T ( ) Delete
Name: MCDONALD, BEVERLY
Address: BOX 1831
City-St-Zip: MELROSE, FL 32666

Title: D ( ) Delete
Name: CLARK, LEWIS
Address: 195 ASHLEY LAKE DR
City-St-Zip: MELROSE, FL 32666

Title: P ( ) Delete
Name: SHEFFIELD, GARY
Address: 179 ASHLEY LAKE DR
City-St-Zip: MELROSE, FL 32666

Title: D ( ) Delete
Name: GERACI, GLENDA
Address: 197 ASHLEY LAKE DR.
City-St-Zip: MELROSE, FL 32666

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: SIGEL, TODD
Address: 199 ASHLEY LAKE DR
City-St-Zip: MELROSE, FL 32666

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: BEVERLY A. MCDONALD T 05/01/2006
Electronic Signature of Signing Officer or Director Date