

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12385

FILED
Apr 28, 2008
Secretary of State

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:

197 ASHLEY LAKE DR
MELROSE, FL 32666

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 ()**

Name and Address of Current Registered Agent:

SIGEL, TODD
199 ASHLEY LAKE DR
MELROSE, FL 32666 US

Name and Address of New Registered Agent:

GERACI, GLENDA
197 ASHLEY LAKE DR
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: GLENDA GERACI

04/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: T () Delete
Name: PANKRATZ, ALAN
Address: 121 ASHLEY LAKE DR
City-St-Zip: MELROSE, FL 32666

Title: T () Delete
Name: SIGEL, TODD
Address: 199 ASHLEY LAKE DR
City-St-Zip: MELROSE, FL 32666

Title: P () Delete
Name: SYLVAN, HAL
Address: 157 ASHLEY LAKE DR
City-St-Zip: MELROSE, FL 32666

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GERACI, RICHARD F
Address: 197 ASHLEY LAKE DR
City-St-Zip: MELROSE, FL 32666

Title: D (X) Change () Addition
Name: NORDSTEDT, CLARA
Address: 239 ASHLEY LAKE DR
City-St-Zip: MELROSE, FL 32666

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

Title: D (X) Change () Addition
Name: SYLVAN, HAL
Address: 157 ASHLEY LAKE DR
City-St-Zip: MELROSE, FL 32666

Title: () Change () Addition
Name:
Address:
City-St-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: GLENDA GERACI

S

04/28/2008

Electronic Signature of Signing Officer or Director

Date