2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12989

FILED Feb 03, 2007 Secretary of State

Entity Name: ASHLEY MANOR ASSOCIATION OF OWNERS, INC.

Current Principal Place of Business: New Principal Place of Business: 575 LAKE ASHLEY CIR. WEST MELBOURNE, FL 32904 **Current Mailing Address: New Mailing Address:** 575 LAKE ASHLEY CIR. WEST MELBOURNE, FL 32904 FEI Number: 59-2785240 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BENTLEY, PAT 542 LAKE ASHLEY CIRCLE W MELBOURNE, FL 32904 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HAZLETT, MICHAEL Name: Name: 544 LAKE ASHLEY CIR Address: Address: City-St-Zip: W. MELBOURNE, FL 32904 US City-St-Zip: Title: () Delete Title: (X) Change () Addition SHEIMAN, SHERYL Name: GASH, LINDA Name: Address: 595 LAKE ASHLEY CIRCLE Address: 567 LAKE ASHLEY CIRCLE City-St-Zip: W. MELBOURNE, FL 32904 US City-St-Zip: W. MELBOURNE, FL 32904 US Title: (X) Delete Title: () Change () Addition MATTHEWS, CAROL Name: Name: 560 LAKE ASHLEY CIRCLE Address: Address: City-St-Zip: W MELBOURNE, FL 32904 US City-St-Zip: Title: T,P Title: () Change () Addition () Delete Name: BENTLEY, PAT Name: 542 LAKE ASHLEY CIRCLE Address: Address: City-St-Zip: WEST MELBOURNE, FL 32904 US City-St-Zip: Title: (X) Delete Title: () Change () Addition KALLSEN, HOMER Name: Name: 591 LAKE ASHLEY CIRCLE Address: Address: WEST MELBOURNE, FL 32904 US City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition HAMMOCK, SKIP HAMMOCK, SKIP Name: Name: Address: 556 LAKE ASHLEY CIRCLE Address: 556 LAKE ASHLEY CIRCLE WEST MELBOURNE, FL 32904 US WEST MELBOURNE, FL 32904 US City-St-Zip: 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: PAT BENTLEY P 02/03/2007