2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N14838

Entity Name: ASHLAND HEIGHTS OWNERS ASSN., INC.

Current Principal Place of Business:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

New Principal Place of Business:

Current Mailing Address:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

New Mailing Address:

FEI Number: 59-2768926 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REARDON, MAUREEN C
4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

Name and Address of New Registered Agent:

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:

Title: SD ( ) Delete
Name: SALIGA, CAROLYN
Address: 3014 ASHLAND TERRACE
City-St-Zip: CLEARWATER, FL 33761

Title: VPD ( ) Delete
Name: DAVIS, RICHARD
Address: 3024 ASHLAND TERRACE
City-St-Zip: CLEARWATER, FL 33761

Title: PD ( ) Delete
Name: LAPIN, ROBERT
Address: 3309 WATERFORD DRIVE
City-St-Zip: CLEARWATER, FL 33761

Title: D ( ) Delete
Name: MURPHY, LISA
Address: 3089 ASHLAND TERRACE
City-St-Zip: CLEARWATER, FL 33761

Title: TD ( ) Delete
Name: EDWINS, LINDA
Address: 3302 WATERFORD DRIVE
City-St-Zip: CLEARWATER, FL 33761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SALIGA, CAROLYN
Address: 3014 ASHLAND TERRACE
City-St-Zip: CLEARWATER, FL 33761

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

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

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 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: ROBERT LAPIN PRES 04/29/2009

Electronic Signature of Signing Officer or Director — Date