

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16542 (5)

1. Corporation Name

ASHLEY OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**4131 GUNN HIGHWAY
TAMPA FL 33624**

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TAMPA FL 33624**

3. Date Incorporated or Qualified
08/21/1986

3a. Date of Last Report
03/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREENACRE PROPERTIES, INC.
4131 GUNN HWY.,
TAMPA FL 33624-4725**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CAMPBELL, BRIAN	
STREET ADDRESS	11300 CORNELL PARK DR.	
CITY- ST- ZIP	CINCINNATI OH	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	GRIGSBY, MICHELLE	
STREET ADDRESS	11300 CORNELL PARK	
CITY- ST- ZIP	CINCINNATI OH	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HEBELER, JEFF	
STREET ADDRESS	11300 CORNELL PARK DR.	
CITY- ST- ZIP	CINCINNATI OH	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	KOWALSKI, JOE	
STREET ADDRESS	10431 TARA DR.	
CITY- ST- ZIP	RIVERVIEW FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	STANTON, TERRY	
STREET ADDRESS	10318 ASHLEY OAKS DR.	
CITY- ST- ZIP	RIVERVIEW FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Chapman, Gary	
1.3 STREET ADDRESS	7414 Mint Julep	
1.4 CITY- ST- ZIP	Riverview, FL 33569	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gary S Chapman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-96

(813) 274-7163

Date

Daytime Phone #

CR2E037 (12/95)