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FILED  
Jan 30 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

4131 GUNN HIGHWAY  
TAMPA FL 33624

Mailing Address

4131 GUNN HIGHWAY  
TAMPA FL 33624-4725



3. Date Incorporated or Qualified  
08/21/1986

3a. Date of Last Report  
02/16/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number  
59-2799766

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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  
NAME CHAPMAN, GARY  
STREET ADDRESS 7414 MINT JULEP  
CITY-ST-ZIP RIVERVIEW FL ☐ DELETE

TITLE D  
NAME GRIGSBY, MICHELLE  
STREET ADDRESS 11300 CORNELL PARK  
CITY-ST-ZIP CINCINNATI OH ☒ DELETE

TITLE D  
NAME HEBELER, JEFF  
STREET ADDRESS 11300 CORNELL PARK DR.  
CITY-ST-ZIP CINCINNATI OH ☐ DELETE

TITLE DV  
NAME KOWALSKI, JOE  
STREET ADDRESS 10431 TARA DR.  
CITY-ST-ZIP RIVERVIEW FL ☒ DELETE

TITLE DST  
NAME STANTON, TERRY  
STREET ADDRESS 10318 ASHLEY OAKS DR.  
CITY-ST-ZIP RIVERVIEW FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME D/V Moody, Bob  
2.3 STREET ADDRESS 10328 Ashley Oaks  
2.4 CITY-ST-ZIP Riverview, FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME D McCabe, Ann  
4.3 STREET ADDRESS 10421 Ashley Oaks  
4.4 CITY-ST-ZIP Riverview, FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 in an attachment with an address.

SIGNATURE:

Gary S Chapman President Gary S Chapman 1/16/97 813 274-7163

CR2E037 (9/96)