

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27306

FILED  
Apr 01, 2009  
Secretary of State

**Entity Name:** ASHTON LAKES COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

2951 CLARK ROAD  
SARASOTA, FL 34231

**New Principal Place of Business:**

**Current Mailing Address:**

2951 CLARK ROAD  
SARASOTA, FL 34231

**New Mailing Address:**

**FEI Number:** 59-2514803

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RITCHIE, JOSEPH  
2951 CLARK RD  
SARASOTA, FL 34231 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: D ( ) Delete  
Name: KOCH, HOWARD  
Address: 5760 ASHTON WAY  
City-St-Zip: SARASOTA, FL 34231

Title: SD ( ) Delete  
Name: TORRA, NICK  
Address: 5525 ASHTON LAKE DR.  
City-St-Zip: SARASOTA, FL 34231

Title: TD ( ) Delete  
Name: ABRAHAM, PHILIP  
Address: 5631 ASHTON LKE DR.  
City-St-Zip: SARASOTA, FL 34231

Title: PD ( ) Delete  
Name: SCHROETER, KAREN  
Address: 5561 ASHTON LAKE DRIVE  
City-St-Zip: SARASOTA, FL 34231

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: T (X) Change ( ) Addition  
Name: PLACKO, ROBERT  
Address: 5782 ASHTON LAKE DRIVE  
City-St-Zip: SARASOTA, FL 34231

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

Title: VD ( ) Change (X) Addition  
Name: BRIDGEMAN, DONALD  
Address: 5519 ASHTON WAY  
City-St-Zip: SARASOTA, FL 34231

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: JOSEPH P RITCHIE

M

04/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date