

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90096 020 ****61.25

DOCUMENT # N28759

1. Entity Name
**ASHTON LAKES NO. 2 CONDOMINIUM ASSOCIATION,
INC.**



Principal Place of Business
**2951 CLARK ROAD
SARASOTA, FL 34231**

Mailing Address
**2951 CLARK ROAD
SARASOTA, FL 34231**

DO NOT WRITE IN THIS SPACE



03122007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
65-0108576

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RITCHIE, JOSEPH
2951 CLARK RD
SARASOTA, FL 34231**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KOCH, HOWARD
STREET ADDRESS 5760 ASHTON LAKE DRIVE
CITY-ST-ZIP SARASOTA, FL

TITLE TD
NAME PLACKO, BOB
STREET ADDRESS 3782 ASHTON LAKE DRIVE
CITY-ST-ZIP SARASOTA, FL 34231

TITLE S
NAME NICHOLLS, GEORGE
STREET ADDRESS 5772 ASHTON LAKE DRIVE
CITY-ST-ZIP SARASOTA, FL 34231

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert J. Placko
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/07 941-922-9603
Date Daytime Phone #