

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31171

1. Entity Name.

ASHLEY OAKS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

4505 CAROLYN CT  
TAMPA FL 33610  
US

Mailing Address

4505 CAROLYN CT  
TAMPA FL 33610  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3254964

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCDERMOTT, P. A. M  
791 W. LUMSTEN RD  
BRANDON FL 33511

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DVP ☐ Delete  
NAME GRAVES, BETTY  
STREET ADDRESS 4512 CAROLYN CT.  
CITY-ST-ZIP TAMPA FL 33610

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME COPPINGER, CAROL  
STREET ADDRESS 4511 CAROLYN CT.  
CITY-ST-ZIP TAMPA FL 33610

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME COPPINGER, RICHARD  
STREET ADDRESS 4511 CAROLYN CT.  
CITY-ST-ZIP TAMPA FL 33610

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DP ☐ Delete  
NAME PONDER, TERRY  
STREET ADDRESS 4505 CAROLYN CT..  
CITY-ST-ZIP TAMPA FL 33610

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME COOPER, DORIS  
STREET ADDRESS 4504 CAROLYN COURT  
CITY-ST-ZIP TAMPA FL 33610

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I 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 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: TERRY PONDER

4/17/02

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE