

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N31171**

1. Entity Name  
**ASHLEY OAKS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**9318 ASHLEY OAKS CT.  
TAMPA, FL 33610 US**

Mailing Address  
**9318 ASHLEY OAKS CT.  
TAMPA, FL 33610 US**



01062005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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**

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

**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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

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

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

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

TITLE DP  
NAME MARTIN, PAMELA  
STREET ADDRESS 9318 ASHLEY OAKS CT.  
CITY-ST-ZIP TAMPA, FL 33610

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000303172  
04/13/05-80101-015 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Pamela J. Martin* **Pamela J. Martin** 4-10-05 813-248-3881