

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N31171**

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



Principal Place of Business  
**4502 CAROLYN CT  
TAMPA, FL 33610 US**

Mailing Address  
**POB 2224  
MANGO, FL 33550-2224 US**



01102008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3254964</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**FRISCIA, FRANCIS E  
500 N. NESTSHORE BLVD #830  
TAMPA, FL 33609**

**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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**U000000907805  
05/06/08-80002-025 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GRAVES, BETTY 4512 CAROLYN CT. TAMPA, FL 33610
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COPPINGER, CAROL 4511 CAROLYN CT. TAMPA, FL 33610
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COPPINGER, RICHARD 4511 CAROLYN CT. TAMPA, FL 33610
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, PAMELA C/O 4502 CAROLYN CT TAMPA, FL 33610
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, DORIS 4504 CAROLYN COURT TAMPA, FL 33610
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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 another like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Pamela J. Martin* **Pamela J. Martin** **4-2-08** **813-928-9318**