

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2003 8:00 am
Secretary of State

08-21-2003 90107 033 ****61.25

0012456

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

9318 Ashley Oaks Ct.

3. Mailing Address

9318 Ashley Oaks Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL 33610

City & State

Tampa, FL 33610

Zip

33610

Country

US

Zip

33610

Country

US

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**

7. Name and Address of New Registered Agent

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. 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

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **Graves, Betty**
CITY-ST-ZIP **4512 Carolyn Ct.
Tampa, FL 33610**

TITLE ☒ Change ☐ Addition
NAME **DVP**
STREET ADDRESS **Coppinger, Carol**
CITY-ST-ZIP **4511 Carolyn Ct.
Tampa, FL 33610**

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

TITLE ☐ Change ☒ Addition
NAME **DP**
STREET ADDRESS **Pamela Martin**
CITY-ST-ZIP **9318 Ashley Oaks Ct.
Tampa, FL 33610**

TITLE ☐ Change ☐ Addition
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: *Pamela J. Martin* **Pamela J. Martin**

8-11-2003

813-272-4275

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (4/03)