## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 21, 2006 8:00 am Secretary of State

DOCUMENT # N31813  1. Entity Name THE ASHLEY CONDOMINIUM MANAGEMENT ASSOCIATION, INC.  Principal Place of Business Mailing Address					Secretary of State 07-21-2006 90027 015 ****70.00			
3757 S ATLANTIC AVE		Mailing Address 3757 S ATLANTIC AVE DAYTONA BEACH, FL 32118		) ( <b>189</b> 4)31) <b>180</b> )7	ת וננו משמו לשוכו וכשוו ל	PINTI NYYYI NYYYY SINTI NYYY Y		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07132006	Chg-NP	CR2E037 (4/06)		
City & State		City & State			4. FEI Number 59-29503	:11	<del></del>	Applied For lot Applicable
Zip	Country	Zip	Country		5. Certificate of		\$8.75 Ac Fee Requir	
	6. Name and Address of Current Re	egistered Agent			7. Name and Ac	dress of New Re	gistered Agent	
DAVIDSOL	N TERRELL C		l N	Name Joanne Jerome				
DAVIDSON, TERRELL C. 3757 S ATLANTIC AVENUE DAYTONA BCH SHRS, FL 32127			Si	treet Address (	Address (P.O. Box Number is Not Acceptable)			
DAYTONA BCH SHRS, FL 32127			$\mathcal{L}$	aytan	For Beach SHORES FL. 32118			
				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  SIgnature, Tipod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinalizing)  DATE						n, and accept		
		Title i appacable. (NOTE.	riegistered Age	er agraculo regunoc	wnen reireizizing)		, DATE /	
D	Filing Fee is \$61.25 ue by September 6, 2006	9. Election Camp Trust Fund Co	paign Finan		\$5.00 May Be Added to Fees		ke check payable to Department of S	
10.	ue by September 6, 2006 OFFICERS AND DIRE	9. Election Camp Trust Fund Co	paign Finan entribution.	ncing	\$5.00 May Be Added to Fees	Florid		State
10.	officers and directly TD	9. Election Camp Trust Fund Co	paign Finan ontribution.	ncing	\$5.00 May Be Added to Fees ADDITIONS/CHAN	Florid GES TO OFFICER	da Department of S	State
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12. I needy certify that the information supplied with this taing does not quality for the exemptions contained in Chapter 119, Honda 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 eath; 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

7/20/06-886-760 7347