


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90098 030 ****61.25

DOCUMENT # N31813 1. Entity Name THE ASHLEY CONDOMINIUM MANAGEMENT ASSOCIATION, INC.					
Principal Place of Business 3757 S ATLANTIC AVE DAYTONA BEACH, FL 32118			Mailing Address 3757 S ATLANTIC AVE DAYTONA BEACH, FL 32118		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2950311	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JEROME, JOANNE 3757 S ATLANTIC AVENUE DAYTONA BCH SHRS, FL 32127			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIDSON, TERRELL C.		NAME		
STREET ADDRESS	3757 S ATLANTIC AVE 1901		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BCH SHRS., FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MIRABITO, GERARD		NAME	VP KEN RAAB	
STREET ADDRESS	3757 S ATLANTIC AVENUE #305		STREET ADDRESS	3757 S ATLANTIC AVE #606	
CITY-ST-ZIP	DAYTONA BEACH SHORES, FL		CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIDSON, VICTORIA		NAME	T JOANNE B. WETHERILL	
STREET ADDRESS	3757 S. ATLANTIC AVE #502		STREET ADDRESS	3757 S ATLANTIC AVE #1707	
CITY-ST-ZIP	DAYTONA BEACH SHORES, FL		CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUTEAU, ERNEST		NAME	D BRENDA THOMPSON	
STREET ADDRESS	3757 S. ATLANTIC AVE #707		STREET ADDRESS	3757 S ATLANTIC AVE #501	
CITY-ST-ZIP	DAYTONA BEACH SHORES, FL		CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JEROME, JOANNE		NAME		
STREET ADDRESS	3757 S. ATLANTIC AVE #1801-02		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH SHORES, FL		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 all other like empowered.					
SIGNATURE: <i>Terrell C Davidson</i> TERRELL C DAVIDSON 2-26-07 386-760-4200 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					