2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N31813 1. Entity Name THE ASHLEY CONDOMINIUM MANAGEMENT ASSOCIATION, INC.								07 90098 03	30 ****61.	.25
3757 S ATLANTIC AVE 375			illing Address 757 S ATLANTIC AVE AYTONA BEACH, FL 32118			<u> </u>	88 14184 ALBES AFIFI (AL		IBN BIBIL BIBII BIB	III AR AR ARTI
2. Principal Place of Business - No P.O. Box # 3. Mailin			ailing Address							
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.			01092007	Chg-NP	CR2E	37 (12/06)	
City & State		City & State				4. FEI Numb 59-295				oplied For ot Applicable
Zip	Country	Zip	Со	ountry		5. Certificate	of Status Desir	red 🗌	\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent						7. Name and	Address of N	ew Registered	Agent	
JEROME	JOANNE			Name						
JEROME, JOANNE 3757 S ATLANTIC AVENUE DAYTONA BCH SHRS. FL 32127				Street Ac	Street Address (P.O. Box Number is Not Acceptable)					
				City				FI	Zip Cod	е
the obligat	named entity submits this statement ions of registered agent.	for the purpose of ch	anging its register	red office or	registere	d agent, or bo	oth, in the State	of Florida. I am	n familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Registere	ed Agent signatu	w Devluper sr	hen reinstating)		DATE	,	
SIGNATURE		9. Ele	(NOTE: Registere ection Campaign I ust Fund Contribu	Financing		hen reinstating) 55.00 May I			ck payable to	
SIGNATURE	Signature, typed or printed name of registered age Filling Fee is \$61.25	9. Ele Tru	ection Campaign I	Financing ation.	_ ;	\$5.00 May I		Make chec Florida Depa	rtment of S	tate
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12. I hereby certify that the information supplied with this filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Dayline Proce 8