

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31813

FILED
Jan 05, 2009
Secretary of State

Entity Name: THE ASHLEY CONDOMINIUM MANAGEMENT ASSOCIATION, INC.

Current Principal Place of Business:

3757 S ATLANTIC AVE
DAYTONA BEACH, FL 32118

New Principal Place of Business:

Current Mailing Address:

3757 S ATLANTIC AVE
DAYTONA BEACH, FL 32118

New Mailing Address:

FEI Number: 59-2950311

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JEROME, JOANNE
3757 S ATLANTIC AVENUE
DAYTONA BCH SHRS, FL 32127 US

Name and Address of New Registered Agent:

JEROME, JOANNE
3757 S ATLANTIC AVENUE
DAYTONA BCH SHRS, FL 32118 US

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.

SIGNATURE:

01/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: DAVIDSON, TERRELL C.,
Address: 3757 S ATLANTIC AVE 1901
City-St-Zip: DAYTONA BCH SHRS., FL

Title: VP () Delete
Name: CIMENO, RICHARD
Address: 3757 S ATLANTIC AVE 303
City-St-Zip: DAYTONA BEACH, FL 32118

Title: T () Delete
Name: WETHERILL, JOANNE
Address: 3757 S ATLANTIC AVE 1707
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D () Delete
Name: THOMPSON, BRENDA
Address: 3757 S. ATLANTIC AVE #501
City-St-Zip: DAYTONA BEACH SHORES, FL 32118

Title: S () Delete
Name: JEROME, JOANNE
Address: 3757 S. ATLANTIC AVE #1801-02
City-St-Zip: DAYTONA BEACH SHORES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRELL DAVIDSON

TD

01/05/2009

Electronic Signature of Signing Officer or Director

Date