

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90023 042 ****61.25

DOCUMENT # N32914

1. Entity Name
ASHLEY SUBDIVISION HOME OWNER'S ASSOCIATION, INC.



Principal Place of Business
**7965 MEGAN HAMMOCK WAY
SARASOTA, FL 34240 US**

Mailing Address
**PMB #141
5824 BEE RIDGE RD.
SARASOTA, FL 34233-5065 US**

40012000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

65-0145945

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEBEL, GLORIA M
7965 MEGAN HAMMOCK WAY
SARASOTA, FL 34240**

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

Gloria M. Webel, Treasurer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/07

**Filing Fee is \$61.25
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
IVERSON, ROBERT DR
5421 ASHLEY PKWY
SARASOTA, FL 34241** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GREGORY, GREG
5023 ASHLEY PKWY
SARASOTA, FL 34241** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
FUGATE, PAT
5388 ASHLEY PKWY
SARASOTA, FL 34241** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
EDWARD, BERTHA
6412 ASHLEY CT
SARASOTA, FL 34241** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AMY LONG
5099 ASHLEY PARKWAY
SARASOTA FL 34241** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DURHAM, STEPHEN
5231 ASHLEY PARKWAY
SARASOTA, FL** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
WORKINGER, TIM
5391 ASHLEY PKWY
SARASOTA, FL 34241** ☐ Delete

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

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:

Gloria M. Webel - GLORIA M. WEBEL

Treasurer 1/20/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #