

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32914

FILED
Jan 22, 2009
Secretary of State

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

Current Principal Place of Business:

7965 MEGAN HAMMOCK WAY
SARASOTA, FL 34240 US

New Principal Place of Business:

Current Mailing Address:

PMB #141
5824 BEE RIDGE RD.
SARASOTA, FL 342335065 US

New Mailing Address:

FEI Number: 65-0145945

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WEBEL, GLORIA M
7965 MEGAN HAMMOCK WAY
SARASOTA, FL 34240 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: GLORIA M. WEBEL

01/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: IVERSON, ROBERT DR
Address: 5421 ASHLEY PKWY.
City-St-Zip: SARASOTA, FL 34241

Title: DP () Delete
Name: GREGORY, GREG
Address: 5023 ASHLEY PKWY
City-St-Zip: SARASOTA, FL 34241

Title: D () Delete
Name: FUGATE, PAT
Address: 5388 ASHLEY PKWY
City-St-Zip: SARASOTA, FL 34241

Title: D () Delete
Name: LONG, AMY
Address: 5099 ASHLEY PARKWAY
City-St-Zip: SARASOTA, FL 34241

Title: D () Delete
Name: DURHAM, STEPHEN
Address: 5231 ASHLEY PARKWAY
City-St-Zip: SARASOTA, FL

Title: D () Delete
Name: WORKINGER, TIM
Address: 5391 ASHLEY PKWY
City-St-Zip: SARASOTA, FL 34241

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: DVP (X) Change () Addition
Name: DEAN, JAMES
Address: 6720 ASHLEY COURT
City-St-Zip: SARASOTA, FL 34241

Title: DS (X) Change () Addition
Name: MILLER, MONIQUE
Address: 6742 ASHLEY COURT
City-St-Zip: SARASOTA, FL 34241

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: GLORIA M. WEBEL

TREA

01/22/2009

Electronic Signature of Signing Officer or Director

Date