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Apr 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N40888 (2)
1. Corporation Name
ASHTON LAKES NO. 4 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 2951 CLARK RD SARASOTA FL 34231 US	Mailing Address 2951 CLARK RD SARASOTA FL 34231-6221 US
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3. Date Incorporated or Qualified 11/19/1990	3a. Date of Last Report 03/22/1996
4. FEI Number 65-2036732	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
LYONS, JOHN
1605 MAIN STREET
SUITE 1111
SARASOTA FL 34236

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SCANLON, TIM 5567 ASHTON LAKES DR SARASOTA FL ☒ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD JOHNSON, AL 5557 ASHTON LAKE DR SARASOTA FL ☐ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FABOS, JOHN 5541 ASHTON LAKES DR SARASOTA FL ☐ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	STD Judy Sutherland 5547 Ashton Lk. Dr. SARASOTA FL 34231 ☐ Change ☒ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	VP AL Johnson 5557 Ashton Lk. Dr. SARASOTA FL 34231 ☒ Change ☐ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	PP John Fabos 5541 Ashton Lk Dr SARASOTA FL 34271 ☐ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	STD Judy Sutherland 5547 Ashton Lake. Dr. SARASOTA FL 34231 ☐ Change ☒ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	☐ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Judy H. Sutherland* **JUDY H. SUTHERLAND** 3/7/97
941-922-9602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0060808

CR2E037 (9/96)