

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Moore
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **NH4252**
1. Corporation Name
Ashton Lakes NO. 5. Condominium Assoc., Inc.

Principal Place of Business
**2951 Clark Rd.
Sarasota, FL 34231**

Mailing Address
**2951 Clark Rd.
Sarasota, FL 34231**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07-11-91	3a. Date of Last Report 03/196
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 593234892		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent Roberts, Laura 2951 Clark Rd. SARASOTA, FL 34231				10. Name and Address of New Registered Agent			
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)			
83. City				84. State FL 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, in 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: *Laura Roberts* DATE: **4-30-97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	Gerald Purrett		1.2 NAME	Gerald Purrett			
STREET ADDRESS	5523 Ashton Lake Drive		1.3 STREET ADDRESS	5523 Ashton Lk. Dr.			
CITY - ST - ZIP	SARASOTA FL 34231		1.4 CITY - ST - ZIP	SARASOTA FL 34231			
TITLE	USD	<input type="checkbox"/> DELETE	2.1 TITLE	UD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	marion mirovsky		2.2 NAME	marion mirovsky			
STREET ADDRESS	5531 Ashton LK DR.		2.3 STREET ADDRESS	5531 Ashton Lk. Dr.			
CITY - ST - ZIP	SARASOTA, FL 34231		2.4 CITY - ST - ZIP	SARASOTA FL 34231			
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	William Scull		3.2 NAME	William Scull			
STREET ADDRESS	5517 Ashton Lk. Dr.		3.3 STREET ADDRESS	5517 Ashton Lk. Dr.			
CITY - ST - ZIP	SARASOTA FL 34231		3.4 CITY - ST - ZIP	SARASOTA FL 34231			
TITLE	ATD	<input type="checkbox"/> DELETE	4.1 TITLE	ATD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	Betty styer		4.2 NAME	Betty styer			
STREET ADDRESS	5529 Ashton Lk. Dr.		4.3 STREET ADDRESS	5529 Ashton Lk. Dr.			
CITY - ST - ZIP	SARASOTA FL 34231		4.4 CITY - ST - ZIP	SARASOTA FL 34231			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY - ST - ZIP			5.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY - ST - ZIP			6.4 CITY - ST - ZIP				

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: *William Scull* DATE: **3/5/97** DAYTIME PHONE: **941 922-9603**

CR2E037 (9/96)