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FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # N44252
1. Corporation Name
Ashton Lakes NO. 5 Condominium Assn., Inc.

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

Mailing Address
2951 Clark Rd.
Sarasota, FL 34231

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified 07-11-91
3a. Date of Last Report 03/1996
4. FEI Number 593234892
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

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
84 City
85 Zip Code FL

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: Laura Roberts
Signature typed or printed name of registered agent and title (if applicable)
(NOTE: Registered Agent signature required when reinstating)
DATE: 4-30-97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	Gerald Parrett	
STREET ADDRESS	5523 Ashton Lake Drive	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	marion mirovsky	
STREET ADDRESS	5531 Ashton LK DR.	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	William Scull	
STREET ADDRESS	5517 Ashton Lk. Dr.	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	ATD	<input type="checkbox"/> DELETE
NAME	Betty Styer	
STREET ADDRESS	5529 Ashton Lk. Dr.	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gerald Parrett	
1.3 STREET ADDRESS	5523 Ashton Lk. Dr.	
1.4 CITY-ST-ZIP	SARASOTA FL 34231	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	marion mirovsky	
2.3 STREET ADDRESS	5531 Ashton Lk. Dr.	
2.4 CITY-ST-ZIP	SARASOTA FL 34231	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	William Scull	
3.3 STREET ADDRESS	5517 Ashton Lk. Dr.	
3.4 CITY-ST-ZIP	SARASOTA FL 34231	
4.1 TITLE	ATD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Betty Styer	
4.3 STREET ADDRESS	5529 Ashton Lk. Dr.	
4.4 CITY-ST-ZIP	SARASOTA FL 34231	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 3/5/97
Daytime Phone #: 941 922-9603

CR2E037 (9/96)