3/27/48 3 -3866 - C FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCU 1. Corporatio	IVIEIV I on Name	# N442	52	(7)							
ASHTO	ON LAKES	S NO. 5 CONDO	MINIUM	ASSOCIATION,	INC.						
Principal Place of Business Mailing Address								I HOERHOU DIU CHOIL DIDIO PRODI		IFANI BIBNI BFBN B	HALI BIDI IDA
2951 CLARK RD. 2951 CLARK RD.								3. Date Incorporated or Qualit	ied		
SARASOTA FL	. 34231		SAF	RASOTA FL 34231				07/11/1991			
								4. FEI Number			pplied For
9 Principal D	None of Busin	noss	1 20	Malling Address				65-0291655		 	ot Applicable
2. Principal Place of Business 21			— — — — — — — — — — — — — — — — — — —	2a. Mailing Address			5. Certificate of Status Desired	, D	+	Additional equired	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				6. Election Campaign Financia	ng	\$5.00	
22			27				Trust Fund Contribution		Added t		
City & Stat	le		20	City & State				7. Is this nonprofit corporation		ers association	n?
23] Zip		Country	28	Zip	Cour	try		This corporation owes or ha			tangihle
24		25	29		30	•		Personal Property Tax due	June 30.	Yes [No
	9. Name	and Address of Curr	rent Regist	ered Agent		21 N		10. Name and Address of Ner	w Registered	Agent	
		÷			- '	31 Name	BO	NSALL, JOE E.			
ROBERTS, LAURA				82 Street Addre			Addres	s (P.O. Box Number Is Not Acce	eptable)		
2951 CLARK RD. SARASOTA FL 34231					la la	33	_29	51 Clark Road			
OMMON	UIN FL 346	ن									
					'	City	Sa	rasota	Fl	_ 85 Zip	Code 4231
11. Pursuant	to the provis	sions of Sections 617.0	502 and 61	7.1508, Florida Statut	les, the ab	ove-named	corpo	ration submits this statement for n's board of directors. I hereby a	the purpose (
agent. I a	registered at am la miliar w	ith, and accept the obl	ligations of,	, Section 617.0503, Fl	orida Statu	tes.	poratio	n's board of directors, i hereby E	_		registered
	-					\ /		/ 1 m .	7		
SIGNATURE .	_ <u>uoe</u>	Bonsall Bonsall	,_Man	ager		you	·	Money	3-44	78	
	Signature, typed	E Bonsall or printed name of registered of				Agent signature	e required	when reinstating) ADDITIONS/CHANGES TO C	DATE		RS IN 12
SIGNATURE .		E - Bonsall ov printed name of registered of OFFICERS A		TORS	E: Registered		7	when reinstating) ADDITIONS/CHANGES TO C	DATE		RS IN 12
12.	PD	OFFICERS A			13.	E	PD	ADDITIONS/CHANGES TO C	DATE	ID DIRECTOR	
12. TITLE	PD PARRET			TORS	13. 1.1 TITL 1.2 NAM	E	PD Jo	ADDITIONS/CHANGES TO C	DATE OFFICERS AN	ID DIRECTOR	
12. TITLE NAME	PD PARRET 5523 AS SARASI	OFFICERS A		TORS DELETE	13. 1.1 TITL 1.2 NAA 1.3 STR	E 1E	PD Jo	ADDITIONS/CHANGES TO C seph Jungmann 3 S. Lake Stree	DATE DEFICERS AN	ID DIRECTOR	Addition
12. TITLE NAME STREET ADDRESS	PD PARRET 5523 AS SARASI VD	OFFICERS A IT, GERALD SHTON LK DR. DTA FL 34231		TORS	13. 1.1 TITL 1.2 NAA 1.3 STR	e He Eet address (-st-zip	PD Jo	ADDITIONS/CHANGES TO C	DATE DEFICERS AN	ID DIRECTOR	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD PARRET 5523 AS SARASI VD MIROUS	OFFICERS A IT, GERALD SHTON LK DR. DTA FL 34231 SKY, MARION		TORS DELETE	13. 1.1 TITL 1.2 NAN 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAN	E ME EET ADDRESS (-ST-ZIP E	PD Jo	ADDITIONS/CHANGES TO C seph Jungmann 3 S. Lake Stree	DATE DEFICERS AN	ID DIRECTOR Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD PARRET 5523 AS SARASI VD MIROUS 5531 AS	OFFICERS A IT, GERALD SHTON LK DR. DTA FL 34231 SKY, MARION SHTON LK DR.		TORS DELETE	13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CITU 2.1 TITL 2.2 NAA 2.3 STR	E AE EET ADDRESS (-ST-ZIP E AE EET ADDRESS	PD Jo	ADDITIONS/CHANGES TO C seph Jungmann 3 S. Lake Stree	DATE DEFICERS AN	ID DIRECTOR Change	Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD PARREI 5523 AS SARASSI VD MIROUS 5531 AS SARASSI TD	OFFICERS A IT, GERALD SHTON LK DR. DTA FL 34231 SKY, MARION SHTON LK DR. DTA FL 34231		TORS DELETE	13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL	E AE EET ADDRESS (-ST-ZIP E AE EET ADDRESS Y-ST-ZIP E EFT ADDRESS Y-ST-ZIP E	PD Jos 34 Fo	additions/changes to describe a seph Jungmann 3 S. Lake Street Lake, MN	DATE DEFICERS AN	ID DIRECTOR Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD PARREI 5523 AS SARASSI VD MIROUS 5531 AS SARASSI TD SCULL,	OFFICERS A IT, GERALD SHTON LK DR. DTA FL 34231 SKY, MARION SHTON LK DR. DTA FL 34231 WILLIAM		DELETE	13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA	E AE EET ADDRESS (-ST-ZIP E EET ADDRESS Y-ST-ZIP E ET ADDRESS Y-ST-ZIP E	PD Jo: 34 Fo: STI	additions/changes to describe a part of the second	DATE OFFICERS AN et 55025	D DIRECTOR Change Change Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD PARREI 5523 AS SARASSI VD MIROUS SARASSI TD SCULL, 5517 AS	OFFICERS A IT, GERALD SHTON LK DR. DTA FL 34231 SKY, MARION SHTON LK DR. DTA FL 34231 WILLIAM SHTON LK DR.		DELETE	13 1.1 TITL 1.2 NAA 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR	E AE EET ADDRESS (-ST-ZIP E AE EET ADDRESS Y-ST-ZIP E AE EET ADDRESS	PD JO 34 FO	additions/changes to describe a seph Jungmann S. Lake Street Lake, MN Street L	DATE OFFICERS AN et 55025	D DIRECTOR Change Change Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD PARREI 5523 AS SARASSI VD MIROUS SARASSI TD SCULL, 5517 AS	OFFICERS A IT, GERALD SHTON LK DR. DTA FL 34231 SKY, MARION SHTON LK DR. DTA FL 34231 WILLIAM		DELETE	13 1.1 TITL 1.2 NAA 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR	E AE EET ADDRESS (-ST-ZIP EET ADDRESS Y-ST-ZIP E AE EET ADDRESS Y-ST-ZIP E AE EET ADDRESS Y-ST-ZIP	PD Joi 34 Fo.	additions/changes to describe a part of the second	DATE OFFICERS AN et 55025	D DIRECTOR Change Change Change	Addition
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14. I 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.

2110100

941-922-9603

FILED

Mar 27 1998 8:00am

Secretary of State