

3/27/98 3-3866-C
FILE NOW: FILING FEE IS \$61.25

FILED
Mar 27 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **N44252** (7)
1. Corporation Name
ASHTON LAKES NO. 5 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**2951 CLARK RD.
SARASOTA FL 34231**

Mailing Address
**2951 CLARK RD.
SARASOTA FL 34231**

3. Date Incorporated or Qualified

07/11/1991

4. FEI Number

65-0291655

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROBERTS, LAURA
2951 CLARK RD.
SARASOTA FL 34231**

81 Name

BONSALL, JOE E.

82 Street Address (P.O. Box Number is Not Acceptable)

2951 Clark Road

83

84 City

Sarasota

FL

85 Zip Code

34231

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 **Joe E. Bonsall, Manager**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-24-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **PARRETT, GERALD**
STREET ADDRESS **5523 ASHTON LK DR.**
CITY-ST-ZIP **SARASOTA FL 34231**

1.1 TITLE **PD** ☐ Change ☒ Addition
1.2 NAME **Joseph Jungmann**
1.3 STREET ADDRESS **343 S. Lake Street**
1.4 CITY-ST-ZIP **Forest Lake, MN 55025**

TITLE **VD** ☐ DELETE
NAME **MIROUSKY, MARION**
STREET ADDRESS **5531 ASHTON LK DR.**
CITY-ST-ZIP **SARASOTA FL 34231**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **TD** ☒ DELETE
NAME **SCULL, WILLIAM**
STREET ADDRESS **5517 ASHTON LK DR.**
CITY-ST-ZIP **SARASOTA FL 34231**

3.1 TITLE **STD** ☐ Change ☒ Addition
3.2 NAME **Ted Weslow**
3.3 STREET ADDRESS **7510 Farmingdale Rd. #205**
3.4 CITY-ST-ZIP **Darien, IL 60561**

TITLE **ATD** ☒ DELETE
NAME **STYER, BETTY**
STREET ADDRESS **5529 ASHTON LK DR.**
CITY-ST-ZIP **SARASOTA FL 34231**

4.1 TITLE **AS** ☐ Change ☒ Addition
4.2 NAME **Pat Brauer**
4.3 STREET ADDRESS **5513 Ashton Lake Drive**
4.4 CITY-ST-ZIP **Sarasota, FL 34231**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

Man. M. [Signature]

3/24/98

941-922-9603

CP2E037 (1097)