

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90155 035 \*\*\*\*\*61.25

**DOCUMENT # N44252**

1. Entity 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



03012006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0291655

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

RITCHIE, JOSEPH  
2951 CLARK RD  
SARASOTA, FL 34231

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
TORRA, NICK  
5525 ASHTON LAKE DR  
SARASOTA, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VTD  
PARRETT, GERRY  
5534 ASHTON LAKE DR  
SARASOTA, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
JUSTICE, MADELINE  
5519 ASHTON LAKE DR  
SARASOTA, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*R. Torra* NICK TORRA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 2006 (941) 922-9603  
Date Daytime Phone #