2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N44252

1. Entity Name
ASHTON LAKES NO. 5 CONDOMINIUM ASSOCIATION.



Mar 19, 2007 8:00 am Secretary of State

FILED

03-19-2007 90096 016 ****61.25

INC.			000,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
Principal Place of Business 2951 CLARK RD. SARASOTA, FL 34231		Mailing Address 2951 CLARK RD. SARASOTA, FL 34231			60025261						
2. Principal P	Place of Business - No P.O. Box #	3. Mail	ng Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03122007	Chg-NP	CR2E0	37 (12/06)			
City & State		City & State				4. FEI Number 65-02916				oplied For ot Applicable	
Zip	Country		Zip Cou		5. Certificate of Status Desired				\$9.75 Additional		
	6. Name and Address of Currer	nt Registere	d Agent			7. Name and A	idress of New R	egistered	Agent		
<u> </u>				Nam	ne						
RITCHIE, JOSEPH 2951 CLARK RD SARASOTA, FL 34231		Stree			et Address	Address (P.O. Box Number is Not Acceptable)					
	3			City				FL	Zip Coc	le	
	named entity submits this statement tions of registered agent.	for the purp	ose of changing its re	gistered offic	e or registe	ered agent, or both,	in the State of Flo	orida. I am	familiar with,	and accept	
3											
SIGNATURE .	Signature, typed or printed name of registered age	ent and title if app	licable. (NOTE: R	egistered Agent s	ignature require	id when reinstating)		DATE			
			9. Election Campaign Financing Trust Fund Contribution.								
	Filing Fee is \$61.25 Due by May 1, 2007			-		\$5.00 May Be Added to Fees			k payable t rtment of S		
10.	_	DIRECTORS		-			Flor	ida Depa	rtment of S	itate	
10.	OFFICERS AND D	DIRECTORS		ntribution.		Added to Fees	Flor	ida Depa	rtment of S	itate	
TITLE NAME	OFFICERS AND DE TORRA, NICK	DIRECTORS	Trust Fund Cor	11. TITLE NAME		Added to Fees	Flor	ida Depa	rtment of S	N 10	
TITLE NAME STREET ADDRESS	OFFICERS AND D PD TORRA, NICK 5525 ASHTON LAKE DR	DIRECTORS	Trust Fund Cor	11. TITLE NAME STREET ADDRI		Added to Fees	Flor	ida Depa	rtment of S	N 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TORRA, NICK 5525 ASHTON LAKE DR SARASOTA, FL	DIRECTORS	Trust Fund Cor	11. TITLE NAME STREET ADDRI CITY-ST-ZIP	ess	Added to Fees ADDITIONS/CHAN	Flor	ida Depa	rtment of S IRECTORS II Change	N 10 Addition	
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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: