2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Mar 25, 2008 8:00 am Secretary of State **DOCUMENT # N44252** 03-25-2008 90014 030 ****61.25 ASHTON LAKES NO. 5 CONDOMINIUM ASSOCIATION. INC. Principal Place of Business Mailing Address 2951 CLARK RD. 2951 CLARK RD. SARASOTA, FL 34231 SARASOTA, FL 34231 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02252008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 65-0291655 Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RITCHIE, JOSEPH Street Address (P.O. Box Number is Not Acceptable) **2951 CLARK RD** SARASOTA, FL 34231 City Zip Code 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 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME TORRA, NICK NAME 5525 ASHTON LAKE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HAAS, JOHN NAME NAME STREET ADDRESS 5511 ASHTON LAKE DRIVE STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34231 CITY-ST-ZIP VTD TITLE TITLE **X** Addition **Delete** Douglas Popp 5527 Ashton Lake DR NAME WHISLER, RONALD STREET ADDRESS 5507 ASHTON LAKE DRIVE STREET ADDRESS SARASOTA, FL 34231 CITY+ST-7(P CITY-ST-ZIP FL 34231 TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

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CITY-ST-7IP

☐ Delete

☐ Change

Addition

FILED