
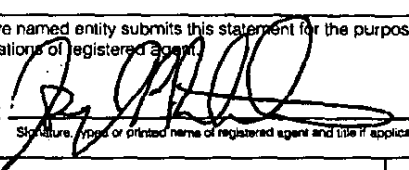


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90647 008 \*\*\*\*61.25

<b>DOCUMENT # N44252</b>					
1. Entity Name <b>ASHTON LAKES NO. 5 CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>2951 CLARK RD. SARASOTA FL 34231</b>			Mailing Address <b>2951 CLARK RD. SARASOTA FL 34231</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-0291655</b>	
				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BONSALL, JOE E. 2951 CLARK RD SARASOTA FL 34231</b>				7. Name and Address of New Registered Agent Name <u><b>Ritchie, Joseph</b></u> Street Address (P.O. Box Number is Not Acceptable) <u><b>2951 Clark Road</b></u> City <u><b>Sarasota</b></u> FL Zip Code <u><b>34231</b></u>	
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 		<u><b>Joseph Ritchie, Manager</b></u>		<u><b>4/10/03</b></u>	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD JUNGMANN, JOSEPH 5382 SHADOW LAWN DR SARASOTA FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Nick Torra 5525 Ashton Lake Dr. Sarasota FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD WESLOW, TED 5537 ASHTON LAKE DR SARASOTA FL 34231</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD Gerry Parrott 5534 Ashton Lake Dr. Sarasota, FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD VANDERVORT, GORDON 5505 ASHTON LAKE DR. SARASOTA FL 34231</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/S Madeline Justice 5519 Ashton Lake Dr. SARASOTA, FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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: <u><b>SIGNATURE OF NICK TORRA</b></u> <b>NICK TORRA</b> <u><b>APRIL 9, 2003</b></u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E037 (10/02)