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NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **N47649** **(1)**

1. Corporation Name

ASHLEY PARK PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7651 ASHLEY PARK COURT STE. 408 ORLANDO FL 32835	7651 ASHLEY PARK COURT STE. 408 ORLANDO FL 32835

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 03/02/1992	3a. Date of Last Report: 02/08/1995
21	26	4. FEI Number: 65-0317618	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc.: 22 7515 PARK SPRINGS CIR.	Suite, Apt. #, etc.: 27 7515 PARK SPRINGS CIR.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State: 23 ORLANDO, FL	City & State: 28 ORLANDO, FL	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip: 24 32835 Country: 25 ORANGE	Zip: 29 32835 Country: 30 ORANGE	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

DUANE, JULIAN M
7651 ASHLEY PARK COURT
SUITE 408
ORLANDO FL 32835

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 7515 PARK SPRINGS CIRCLE

83

84 City: ORLANDO FL 85 Zip Code: 32835

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: _____ M.DUANE JULIAN 1/16/96
Signature of, and printed name of, Registered Agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP DUANE, JULIAN M 7651 ASHLEY PARK COURT SUITE 408 ORLANDO FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	7515 PARK SPRINGS CIRCLE ORLANDO, FL 32835	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST BURNS, MARIAN G 7651 ASHLEY PARK COURT SUITE 408 ORLANDO FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	1334 KURUME COURT ORLANDO, FL 32818	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS JULIAN, DEBRA A 7651 ASHLEY PARK COURT SUITE 408 ORLANDO FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	DV 7515 PARK SPRINGS CIRCLE ORLANDO, FL 32835	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BURNS, MARIAN G 7651 ASHLEY PARK COURT SUITE 408 ORLANDO FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ M.DUANE JULIAN 1/16/96 (407) 295-5336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #