FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N47649

(1)

ASHLEY PARK PROPERTY OWNERS ASSOCIATION, INC.

FILED					
Feb 05 1998 8:00am					
Secretary of State					

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Principal Place	e of Business	Mailing Address		T 1801HOT EIT BEBIT FORTH BITTE OTDET DIREC BEBIT DIRECT BEBIT DIRECT DI	
7851-A ASHLEY PARK CT #401		7515 PARK SPRINGS CIR.		3. Date Incorporated or Qualified	
Orlando FL 3: US	2033	ORLANDO FL 32835 US		03/02/1992	
				4. FEI Number Applied For	
2. Principal Pi	lace of Business	2a. Mailing Address		65-0317618 Not Applicable	
21		26 7651-A ASI	Hey Bork CT.	5. Certificate of Status Desired \$8.75 Additional Fee Required	
Sulte, Apt	#, etc.	Suite, Apt. #, etc.	IN TOOK OI.	6. Election Campaign Financing \$5.00 May Be	
22		27 # 401		Trust Fund Contribution Added to Fees	
City & State	3	City & State	61 114	7. Is this nonprofit corporation a homeowners association?	
23 Zip	Country	28 <i>UR LHNDO</i> ,	FL #5		
24	26	29 32835	30 1/.5	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
	9. Name and Address of Cu		1301 / 2	10. Name and Address of New Registered Agent	
			81 Name		
NORRIS,	RICHARD W ESQ		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	ISHLEY PARK CT			occ () o. box realists in real vocapitation	
ORLAND	O FL 32835		63		
			84 City	FL 85 Zip Code	
11. Pursuant t	to the provisions of Sections 617	.0502 and 617.1508, Florida Statut	es, the above-named corp	poration 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	The state of the s	angulario di podesti a tribada, y t	orida etalolos.		
	Signature, typed or printed name of registers		E: Registered Agent signature require		
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	dp Norris, Richard W esc	DELETE	1.1 TITLE	L_J Change L_J Addition	
NAME Street address	7651-A ASHLEY PARK CT		1.2 NAME		
CITY-ST-ZIP	ORLANDO FL		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition	
NAME	GENTILELLA, BRUCE	_	2.2 NAME	_ · · ·	
STREET ADDRESS	7651-C ASHLEY PARK CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP		
TITLE	DS	☐ DELET e	3.1 TITLE	Change Addition	
NAME	BURSEY, JOLEEN		3.2 NAME		
STREET ADDRESS	7651 ASHLEY PARK STE	1 05	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	Dritte	3.4. CITY-ST-ZIP	DATE:	
TITLE NAME		☐ DELETE	4.1 TITLE	L. Change L. Addition	
STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
CITY-\$T-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-SY-ZIP			5.4 CITY-ST-ZIP	:	
TITLE		☐ DELETE	6.1 TITLE	Change Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.					