

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90155 037 ****61.25

DOCUMENT # N93000001185

1. Entity Name
**ASHTON LAKES NO. 8 CONDOMINIUM ASSOCIATION,
INC.**



Principal Place of Business
**2951 CLARK RD.
SARASOTA, FL 34231**

Mailing Address
**2951 CLARK RD.
SARASOTA, FL 34231**

DO NOT WRITE IN THIS SPACE



03012006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0415094

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RITCHIE, JOSEPH
2951 CLARK ROAD
SARASOTA, FL 34231**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRITTON, ALAN 5563 ASHTON WAY SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BRIDGEMAN, DONALD 5519 ASHTON WAY SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PATRAM, MURIEL 5523 ASHTON WAY SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-6-06

924-3354