FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003880 (2)

1. Corporation Name

ASBURY COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
14807 HADLEIGH WAY TAMPA FL	14807 HADLEIGH WAY TAMPA FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/26/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3201196 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 1605-B N Mac Dill Avenue	2a. Mailing Address 26 1605-B N Mac Dill Avenue
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Tampa, FL	City & State 28 Tampa, FL
Zip / Country 24 33607 / 25 Hillsborough	Zip / Country 29 33607 / 30 Hillsborough

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FERNANDEZ, ROBERT 14807 HADLEIGH WAY TAMPA FL 33624	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 1605-B North Mac Dill Avenue 83 84 City: Tampa, FL 85 Zip Code: 33607

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DT	11 TITLE	☒ Change ☐ Addition	
NAME	FERNANDEZ, ROBERT	12 NAME		
STREET ADDRESS	14807 HADLEIGH WAY	13 STREET ADDRESS	1605-B North Mac Dill Avenue	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	Tampa, FL 33607	
TITLE	DT	21 TITLE	XX Change ☐ Addition	
NAME	FERNANDEZ, MARILYN	22 NAME		
STREET ADDRESS	14807 HADLEIGH WAY	23 STREET ADDRESS	1605-B North Mac Dill Avenue	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	Tampa, FL 33607	
TITLE	DT	31 TITLE	☐ Change ☐ Addition	
NAME	MCGLON, LAVERNE	32 NAME		
STREET ADDRESS	2906 GANDY BLVD, APT #4	33 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP		
TITLE		41 TITLE	☐ Change ☐ Addition	
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE	☐ Change ☐ Addition	
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	☐ Change ☐ Addition	
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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: _____ 4/27/95 (813) 876-3922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Robert Fernandez, Director

0054705