

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 31 AM 10:13

DOCUMENT # N93000004054 (3)

1. Corporation Name

ASHLEY PARK TWO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3300 SOUTH HIAWASSEE RD.
SUITE 107
ORLANDO FL 32835

3300 SOUTH HIAWASSEE RD.
SUITE 107
ORLANDO FL 32835

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1993

3a. Date of Last Report

02/01/1994

4. FEI Number

59-3203566

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 7651 ASHLEY PARK CT.

26 7651 ASHLEY PARK CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 BUILDING B, SUITE 408

27 BUILDING B, SUITE 408

City & State

City & State

23 ORLANDO, FLORIDA

28 ORLANDO, FLORIDA

Zip

Country

Zip

Country

24 32835

25 ORANGE

29 32835

30 ORANGE

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

JULIAN, M. DUANE
3300 SOUTH HIAWASSEE RD.
SUITE 107
ORLANDO FL 32835

81 Name

M. Duane Julian

82 Street Address (P.O. Box Number is Not Acceptable)

7651-B Ashley Park Court

83

Suite 408

84 City

Orlando

FL

85

Zip Code

32835

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

M. Duane Julian

M. Duane Julian, President

1-27-95

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME JULIAN, M. DUANE
STREET ADDRESS 3300 S. HIAWASSEE RD., STE. 107
CITY-ST-ZIP ORLANDO FL 32835

1.1 TITLE DP ☒ Change ☐ Addition
1.2 NAME M. Duane Julian
1.3 STREET ADDRESS 7651-B Ashley Park Court #408
1.4 CITY-ST-ZIP Orlando, Florida 32835-6331

TITLE DV
NAME JULIAN, DEBRA A
STREET ADDRESS 3300 S. HIAWASSEE RD., STE. 107
CITY-ST-ZIP ORLANDO FL 32835

2.1 TITLE DV ☒ Change ☐ Addition
2.2 NAME Debra A. Julian
2.3 STREET ADDRESS 7651-B Ashley Park Court #408
2.4 CITY-ST-ZIP Orlando, Florida 32835-6331

TITLE DST
NAME BURNS, MARIAN G
STREET ADDRESS 3300 S. HIAWASSEE RD., STE. 107
CITY-ST-ZIP ORLANDO FL 32835

3.1 TITLE DST ☒ Change ☐ Addition
3.2 NAME Marian G. Burns
3.3 STREET ADDRESS 7651-B Ashley Park Court #408
3.4 CITY-ST-ZIP Orlando, Florida 32835-6331

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if applicable, or on an attachment with an address.

SIGNATURE: *M. Duane Julian*

M. Duane Julian, President

1-27-95

(NOTE: Registered Agent signature required when constituting)

DATE

(Typed Name #)