

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000004054 (3)

1. Corporation Name

ASHLEY PARK TWO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~7651 ASHLEY PARK COURT~~
~~STE 408~~
~~ORLANDO FL 32835~~
~~US~~

~~7651 ASHLEY PARK COURT~~
~~STE 408~~
~~ORLANDO FL 32835~~
~~US~~



3. Date Incorporated or Qualified

09/08/1993

3a. Date of Last Report

01/31/1995

4. FEI Number

59-3203566

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 3300 S. Hiawassee Rd.

26 3300 S. Hiawassee Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 107

27 Suite 107

City & State

City & State

23 Orlando, FL 32835

28 Orlando, FL 32835

Zip

Country

USA

Zip

Country

USA

24 32835

25

29 32835

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~JULIAN, M. DUANE~~
~~7651-B ASHLEY PARK COURT~~
~~SUITE 408~~
~~ORLANDO FL 32835~~

81 Name

Carlton, Michelle C.

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

3300 S Hiawassee Road

83

Suite 107

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

Michelle C. Carlton
Signature, typed or printed name of registered agent and title if applicable

Michelle C. Carlton

(NOTE: Registered Agent signature required when reinstating)

6/11/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~DP~~ ☒ DELETE
NAME ~~JULIAN, M. DUANE~~
STREET ADDRESS ~~7651-B ASHLEY PARK COURT #408~~
CITY-ST-ZIP ~~ORLANDO FL~~

1.1 TITLE DP/S
1.2 NAME Carlton, Michelle C.
1.3 STREET ADDRESS 3300 S Hiawassee Rd. Ste. 107
1.4 CITY-ST-ZIP Orlando, FL 32835

TITLE ~~DV~~ ☒ DELETE
NAME ~~JULIAN, DEBRA A~~
STREET ADDRESS ~~7651-B ASHLEY PARK COURT #408~~
CITY-ST-ZIP ~~ORLANDO FL~~

2.1 TITLE DV ☒ Change ☐ Addition
2.2 NAME Carlson, Brenda J.
2.3 STREET ADDRESS 3300 S Hiawassee Rd. Ste. 107
2.4 CITY-ST-ZIP Orlando, FL 32835

TITLE ~~DST~~ ☒ DELETE
NAME ~~BURNS, MARIAN G~~
STREET ADDRESS ~~7651-B ASHLEY PARK COURT #408~~
CITY-ST-ZIP ~~ORLANDO FL~~

3.1 TITLE DV/S ☒ Change ☐ Addition
3.2 NAME Carlton, Charles
3.3 STREET ADDRESS 3300 S Hiawassee Rd. Ste 207
3.4 CITY-ST-ZIP Orlando, FL 32835

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
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 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:

Michelle C. Carlton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-11-96 (407) 297-1600
Date Daytime Phone

CR2E037 (3/96)