FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DIVISION OF CO

ASHLE	Y PARK TWO CONDOMINI	UM ASSOCIATION. II	NC.	
, ,,,,,,,,,				
Principal Plac	e of Business	Mailing Address		
3300 S. HIAWASSEE RD		3300 S. HIAWASSEE RD	l.	3. Date Incorporated or Qualified
SUITE 107		SUITE 107		09/08/1993
ORLANDO FL 3 US	2835	ORLANDO FL 32835 US		4. FEI Number Applied For
08		US		59-3203566 Not Applicable
	lace of Business	2a. Mailing Address		5. Certificate of Status Desired \$8.75 Additional
21		26		Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
22		27		Trust Fund Contribution Added to Fees
City & Stat	e	City & State		7. Is this nonprofit corporation a homeowners association?
Zip	Country	28 Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
1271	9. Name and Address of Currer			10. Name and Address of New Registered Agent
			81 Nam	06
CARLTO	N, MICHELLE C		82 Stree	et Address (P.O. Box Number is Not Acceptable)
3300 S HIAWASSEE ROAD		,	[5]	to to the second of the second
SUITE 10	07		83	
ORLAND	O FL 32835		84 City	85 Zip Code
				FL
11. Pursuant office or r	to the provisions of Sections 617.050 egistered agent, or both, in the State	02 and 617.1508, Florida Sta e of Florida. Such change wa	tutes, the above-name is authorized by the c	ed corporation submits this statement for the purpose of changing its registered proporation's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 617.0503,	Florida Statutes.	orporation's board of directors. I hereby accept the appointment as registered
SIGNATURE .			iors	
12,	Signature, typed or printed name of registered ag-	D DIRECTORS	101E Rogistered Agent signal	ure required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPS	DELETE	1.1 TITLE	Change Addition
NAME	CARLTON, MICHELLE C		1.2 NAME	
STREET ADORESS	3300 S HIAWASSEE RD. STE	. 107	1.3 STREET ADORES	s I
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	
TITLE	DV	DELETE	2.1 TITLE	Change Addition
NAME	CARLSON, BRENDA J		2.2 NAME	
STREET ADDRESS	3300 S. HIAWASSEE RD. STE	. 107	2.3 STREET ADDRES	s
CITY-ST-ZIP	ORLANDO FL		2.4 CITY - ST - ZIP	
TITLE	DVS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CARLTON, CHARLES		3.2 NAME	
STREET ADDRESS	3300 S HIAWASSEE RD. STE	. 107	3.3 STREET ADDRES	s
CITY-ST-ZIP	ORLANDO FL	I'll nevere	3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	Change L. Addition
NAME			4. 2 NAME	
STREET ADDRESS			4 3 STREET ADDRES	8
CITY-ST-ZIP		DELETE	4.4 CiTY-ST-ZIP 5.1 TITLE	Change Addition
TITLE NAME		T. percit	5.1 TITLE 5.2 NAME	Change Addition
STREET ADDRESS			5.3 STREET ADORES	
			5.4 CITY-ST-2IP	~
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
			G.E W 11 THE	1
STREET ADORESS	\wedge		6.3 STREET ADDRESS	s
STREET ADORESS CITY - ST - ZIP			6.3 STREET ADDRES	s

I hereby certify that the information supplied with this filing 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 for 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 chapter 64, you an axachment with an address.

SIGNATURE

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0017618

Oate

FILED

May 15 1998 8:00am

Secretary of State