

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004054

1. Entity Name

ASHLEY PARK TWO CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90124 026 ****61.25

Principal Place of Business

Mailing Address

3300 S. HIAWASSEE RD
SUITE 107
ORLANDO FL 32835
US

3300 S. HIAWASSEE RD.
SUITE 107
ORLANDO FL 32835-6350
US

823925



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

800 N. Highland Ave
Suite, Apt. #, etc.
200

800 N. Highland Ave
Suite, Apt. #, etc.
200

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number

59-3203566

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARLTON, MICHELLE C
3300 S HIAWASSEE ROAD
SUITE 107
ORLANDO FL 32835

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
CARLTON, MICHELLE C
3300 S HIAWASSEE RD. STE. 107
ORLANDO FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
CARLSON, BRENDA J
3300 S. HIAWASSEE RD. STE. 107
ORLANDO FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
CARLTON, CHARLES
3300 S HIAWASSEE RD. STE. 107
ORLANDO FL

☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 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

3-13-00 407-294-8052

Date

Daytime Phone #

CR2E037 (9/99)