

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004638

FILED
Apr 08, 2005
Secretary of State

Entity Name: ASHTON PARK PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
STE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
STE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-3222547

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT, INC
2180 W SR 434 STE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OLCHAK, JAY
Address: 11859 ASHBROOK CIRCLE S
City-St-Zip: JACKSONVILLE, FL 32225

Title: VPD () Delete
Name: KAISER, NANCY
Address: 11870 ASHBROOK CIR N
City-St-Zip: JACKSONVILLE, FL 32225

Title: STD () Delete
Name: REYNOLDS, BURTON
Address: 11880 ASHBROOK CIR S
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: ETLING, RICHARD
Address: 11845 ASHBROOK CIR N
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: HAGENSCHNEIDER, HENRIETTA
Address: 12781 ASHBROOK CIR
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAY OLCHAK

PD

04/08/2005

Electronic Signature of Signing Officer or Director

Date