

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.)

APPROVED  
AND  
FILED

96 OCT -9 PM 12:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION  
ANNUAL REPORT  
1996

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

DOCUMENT # N 94000002356

1. Corporation Name

ASHLEY ACRES HOME OWNERS

Principal Place of Business

2780 HAWK LN  
ASHLEY ACRES  
SUBDIVISION

Mailing Address

2780 HAWK LN  
CANTONMENT FLA  
32533

3. Date Incorporated or Qualified

5-10-94

3a. Date of Last Report

6-95

4. FEI Number

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

21 SAME

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

CHARLES W. HAWK

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

2780 HAWK LN

83

84 City

CANTONMENT

FL

85 Zip Code

32533

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: Charles W. Hawk

CHARLES W. HAWK

8-7-96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: PRESIDENT ☐ DELETE

NAME: ROBERT MALINSKY "D"

STREET ADDRESS: 15 FELZ ST

CITY- ST- ZIP: PENSACOLA FLA

TITLE: V. PRES. ☐ DELETE

NAME: CHARLES W. HAWK "D"

STREET ADDRESS: 2780 HAWK LN

CITY- ST- ZIP: CANTONMENT FLA 32533

TITLE: ☐ DELETE

NAME:

STREET ADDRESS:

CITY- ST- ZIP:

TITLE: ☐ DELETE

NAME:

STREET ADDRESS:

CITY- ST- ZIP:

TITLE: ☐ DELETE

NAME:

STREET ADDRESS:

CITY- ST- ZIP:

TITLE: ☐ DELETE

NAME:

STREET ADDRESS:

CITY- ST- ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: SEC. TREAS. ☐ Change ☒ Addition

1.2 NAME: BUREN SIMPSON "D"

1.3 STREET ADDRESS: 2780 HAWK LN

1.4 CITY- ST- ZIP: CANTONMENT FLA 32533

2.1 TITLE: ☐ Change ☐ Addition

2.2 NAME:

2.3 STREET ADDRESS:

2.4 CITY- ST- ZIP:

3.1 TITLE: ☐ Change ☐ Addition

3.2 NAME:

3.3 STREET ADDRESS:

3.4 CITY- ST- ZIP:

4.1 TITLE: ☐ Change ☐ Addition

4.2 NAME:

4.3 STREET ADDRESS:

4.4 CITY- ST- ZIP:

5.1 TITLE: ☐ Change ☐ Addition

5.2 NAME:

5.3 STREET ADDRESS:

5.4 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: Charles W. Hawk

8/17/96

904-484-8212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)