

5-8-97 B-6732 - C
FILE NOW: FILING FEE IS \$61.25

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May 08 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N94000002356 (3)

1. Corporation Name

ASHLEY ACRES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2780 HAWK LANE
ASHLEY ACRES SUBDIVISION
CANTONMENT FL 32523
US

2780 HAWK LANE
ASHLEY ACRES SUBDIVISION
CANTONMENT FL 32533-9618
US

3. Date Incorporated or Qualified
05/10/1994

3a. Date of Last Report
10/09/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

CANTONMENT FL

CANTONMENT FL

Zip
32533

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAWK, CHARLES W
2780 HAWK LANE
ASHLEY ACRES SUBDIVISION
CANTONMENT FL 32523

81 Name

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

83

84 City
CANTONMENT

85 Zip Code
FL 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*
Signature, typed or printed name of registered agent and title if applicable

Charles W. Hawk, VP

4/21/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MALINSKY, ROBERT W
STREET ADDRESS 15 FELIZ AVE
CITY-ST-ZIP PENSACOLA FL
☐ DELETE

1.1 TITLE PD
1.2 NAME MALINSKY, ROBERT W
1.3 STREET ADDRESS 3740 HAWK LANE
1.4 CITY-ST-ZIP CANTONMENT FL 32533
☒ Change ☐ Addition

TITLE VPD
NAME HAWK, CHARLES W
STREET ADDRESS 2780 HAWK LANE
CITY-ST-ZIP PENSACOLA FL 32533
☐ DELETE

2.1 TITLE VPD
2.2 NAME HAWK, CHARLES W
2.3 STREET ADDRESS 2780 HAWK LANE
2.4 CITY-ST-ZIP CANTONMENT FL 32533
☒ Change ☐ Addition

TITLE STD
NAME SIMPSON, BUREN
STREET ADDRESS 2720 HAWK LN
CITY-ST-ZIP CANTONMENT FL 32533
☐ DELETE

3.1 TITLE STD
3.2 NAME SIMPSON, WREN R
3.3 STREET ADDRESS 2720 HAWK LANE
3.4 CITY-ST-ZIP CANTONMENT FL 32533
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do 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 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: WREN SIGNATURE REQUIRED

4/21/97 904-479-9855

CR2E037 (9/96)