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May 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002356 (3)**  
1. Corporation Name

**ASHLEY ACRES HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>2780 HAWK LANE ASHLEY ACRES SUBDIVISION CANTONMENT FL 32533 US</b>	Mailing Address <b>2780 HAWK LANE ASHLEY ACRES SUBDIVISION CANTONMENT FL 32523 US</b>
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2. Principal Place of Business <b>21 2780 HAWK LANE</b> Suite, Apt. #, etc. <b>22 ASHLEY ACRES</b> City & State <b>23 CANTONMENT FL</b> Zip <b>24 32533</b>	2a. Mailing Address <b>26 2780 HAWK LANE</b> Suite, Apt. #, etc. <b>27 ASHLEY ACRES</b> City & State <b>28 CANTONMENT FL</b> Zip <b>29 32533</b>
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3. Date Incorporated or Qualified <b>05/10/1994</b>
4. FEI Number <b>NOT APPLICABLE</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>HAWK, CHARLES W 2780 HAWK LANE ASHLEY ACRES SUBDIVISION CANTONMENT FL 32533</b>
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10. Name and Address of New Registered Agent <b>81 Name Edward P. Fleming</b> <b>82 Street Address (P.O. Box Number Is Not Acceptable) 4300 Bayou Blvd. Suites 12 + 13</b> <b>83</b> <b>84 City Pensacola FL 85 Zip Code 32503</b>
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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 *Edward P. Fleming* DATE **4/26/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MALINSKY, ROBERT W 2740 HAWK LANE CANTONMENT FL</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD HAWK, CHARLES W 2780 HAWK LANE CANTONMENT FL</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD SIMPSON, WREN R 2720 HAWK LN CANTONMENT FL</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PD RASMUSSEN, JOHN 2730 HAWK LANE CANTONMENT FL 32533</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>VPD MALINSKY, ROBERT W 2740 HAWK LANE CANTONMENT FL 32533</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>SD SIMPSON, WREN R 2720 HAWK LANE CANTONMENT FL 32533</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>TD MALINSKY, GLORIA 2740 HAWK LANE CANTONMENT FL 32533</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 R Simpson* **WREN R SIMPSON** **4-29-98** **850-477-9835**

CR2E037 (10/97)