2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000003900

1. Entity Name
ASHLEY PLACE HOME OWNERS ASSOCIATION INC.

Principal Place of Business	Mailing Address
6265 BLACKFOX WAY TALLAHASSEE, FL 32312 US	6265 BLACKFOX WAY TALLAHASSEE, FL 32312 US

02162006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3264079
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

XANDERS, BETH EL
6265 BLACKFOX WAY
TALLAHASSEE, FL 32312

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DT
NAME	XANDERS, GREGORY A.
STREET ADDRESS	6265 BLACKFOX WAY
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	DST
NAME	XANDERS, BETH EL
STREET ADDRESS	6265 BLACKFOX
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	DT
NAME	WINTERS, DEBBIE
STREET ADDRESS	PO BOX 10147
CITY-ST-ZIP	TALLAHASSEE, FL 32304
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/28/06-80080-001 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 2/16/06 (850) 668-9978
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR Date Daytime Phone #