

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # N94000003900 1. Entity Name ASHLEY PLACE HOME OWNERS ASSOCIATION INC.	
--	---

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

DO NOT WRITE IN THIS SPACE



01042008 No Chg-NP CR2E037 (4/06)

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**

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$81.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	--

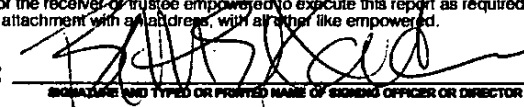
10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

1000000789420
01/22/08-80024-021.61.25

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 a address, with all other like empowered.

SIGNATURE:  **1/4/08 (850) 668-9978**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #