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Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **N94000004295 (1)**

1. Corporation Name
AYLESFORD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
SEABOARD ARBORS MGMT 1700 MCMULLEN BOOTH RD STE C-3 CLEARWATER FL 34619 US	SEABORD ARBORS MGMT 1700 MCMULLEN BOOTH RD CLEARWATER FL 34619 US

3. Date Incorporated or Qualified: 08/31/1994

4. FEI Number: 59-3275976 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LEIGHTON, LENNARD A
C/O SEABOARD ARBORS MANAGEMENT SERVICES
1700 MCMULLEN BOOTH RD, STE C-3
CLEARWATER FL 34619

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PECK, RON		1.2 NAME		
STREET ADDRESS	4650 AYLESFORD DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	2.1 TITLE	PD	☐ Change ☐ Addition
NAME	YANCEY, ROBERT		2.2 NAME	Muhlhan, Paula	
STREET ADDRESS	4330 AUSTON WAY		2.3 STREET ADDRESS	4338 Auston Way	
CITY-ST-ZIP	PALM HARBOR FL		2.4 CITY-ST-ZIP	Palm Harbor, FL	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	WINCHELL, LUCIE		3.2 NAME	D' Arata Ed	
STREET ADDRESS	4337 AUSTON WAY		3.3 STREET ADDRESS	4622 Ayron Terrace	
CITY-ST-ZIP	PALM HARBOR FL		3.4 CITY-ST-ZIP	Palm Harbor, FL	
TITLE	TD	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	GREENHAUS, JIM		4.2 NAME	Lebens, John	
STREET ADDRESS	4333 AUSTON WAY		4.3 STREET ADDRESS	4623 Ayron Terrace	
CITY-ST-ZIP	PALM HARBOR FL		4.4 CITY-ST-ZIP	Palm Harbor, FL	
TITLE	SD	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	KNOTT, THEA		5.2 NAME	Trump, Frank	
STREET ADDRESS	4662 AYLESFORD DR		5.3 STREET ADDRESS	4684 Ayron Terrace	
CITY-ST-ZIP	PALM HARBOR FL		5.4 CITY-ST-ZIP	Palm Harbor, FL	
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CARNEY, SANDRA		6.2 NAME		
STREET ADDRESS	4085 AUSTON WAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I 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: Ronald M. Peck Ronald M. Peck 3-11-98 813-789-0256
NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Reading Phone #