FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State
03-01-1999 90054 013 ****61.25

DOCUMENT # **N94000004295**

Corporation Name

AYLESFORD HOMEOWNERS ASSOCIATION, INC.

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

Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
	26	08/31/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-3275976 ☐ Applied For ☐ Not Applicable
	27	
City & State	City & State	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
	28	
Zip Country	Zip Country	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
25	29 30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KOHON, LENNARD A SEABOARD ARBORS MANAGEMENT SERVICES MCMULLEN BOOTH RD, STE C-3 CLEARWATER FL 34619	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PD PECK, RON 4650 AYLESFORD DR PALM HARBOR FL	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☒ Addition D LEBENS, JOHN 4623 AYRON TERR PALM HARBOR FL
PD MUHLHAN, PAULA 4338 AUSTON WAY PALM HARBOR FL	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☒ Change ☐ Addition VPD MUHLHAN, PAULA 4338 AUSTON WAY PALM HARBOR FL
D WINCHELL, LUCIE 4337 AUSTON WAY PALM HARBOR FL	☒ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☒ Addition TD WARNOCK, JOHN 4612 AYRON TERR PALM HARBOR FL
D D'ARATA, ED 4622 AYROON TERRACE PALM HARBOR FL	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☒ Addition D GUJU, MICHAEL 4085 AUSTON WAY PALM HARBOR FL
D KNOTT, THEA 4662 AYLESFORD DR PALM HARBOR FL	☒ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☒ Addition D PETERSEN, LISA 4611 AYRON TERR PALM HARBOR FL
D TRUMP, FRANK 4664 AYRON TERRACE PALM HARBOR FL	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☒ Addition D GREENHAUS, JAMES 4333 AUSTON WAY PALM HARBOR FL

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)