

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004295

FILED
Jan 30, 2004
Secretary of State

Entity Name: AYLESFORD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3974 TAMPA ROAD
B
OLDSMAR, FL 34677 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2157
OLDSMAR, FL 34677 US

New Mailing Address:

FEI Number: 59-3275976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANSON, JACK
3974 TAMPA ROAD
B
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRUNTON, JACK
Address: 4334 AUSTON WAY
City-St-Zip: PALM HARBOR, FL 34685

Title: VPD () Delete
Name: LINTON, BRUCE
Address: 4330 AUSTON WAY
City-St-Zip: PALM HARBOR, FL

Title: DS () Delete
Name: SCHREINER, KATHLEEN
Address: 4186 AMBER LANE
City-St-Zip: PALM HARBOR, FL

Title: DT () Delete
Name: SEDANI, PEGGY
Address: 4190 AUSTON WAY
City-St-Zip: PALM HARBOR, FL

Title: D () Delete
Name: SABELLA, JOE
Address: 4714 AYRON TERR
City-St-Zip: PALM HARBOR, FL 34685

Title: D (X) Delete
Name: BRUNTON, JACK
Address: 4334 AUSTON WAY
City-St-Zip: PALM HARBOR, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: STEGER, PAUL
Address: 4330 AUSTON WAY
City-St-Zip: PALM HARBOR, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK BRUNTON

P

01/30/2004

Electronic Signature of Signing Officer or Director

Date