2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006
Secretary of State

DOCUMENT# N94000004295

Entity Name: AYLESFORD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3974 TAMPA ROAD
B
OLDSMAR, FL 34677 US

New Principal Place of Business:

3527 PALM HARBOR BLVD
PALM HARBOR, FL 34683 US

Current Mailing Address:

PO BOX 2157
OLDSMAR, FL 34677 US

New Mailing Address:

3527 PALM HARBOR BLVD
PALM HARBOR, FL 34683 US

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 B
3974 TAMPA ROAD
B
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

HANSON, JACK B
MELROSE MANAGEMENT GROUP
3527 PALM HARBOR BLVD
PALM HARBOR, FL 34683 US

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: JACK B HANSON 04/14/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ZETTWUCH, TOM
Address: 4706 AYRON TERRACE
City-St-Zip: PALM HARBOR, FL 34685

Title: VPD ( ) Delete
Name: KELLY, KEITH
Address: 4317 AUSTON WAY
City-St-Zip: PALM HARBOR, FL 34685

Title: DS ( ) Delete
Name: KASPER, KIM
Address: 4080 AMBER LANE
City-St-Zip: PALM HARBOR, FL 34685

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

Title: D (X) Delete
Name: STEGER, PAUL
Address: 4634 AYRON TERR
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DST (X) Change ( ) Addition
Name: SABELLA, JOE
Address: 4714 AYRON TERRACE
City-St-Zip: PALM HARBOR, FL 34685

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 Chapter 119, 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 B HANSON AGEN 04/14/2006
Electronic Signature of Signing Officer or Director Date