## **2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N94000004295

1. Entity Name

## AYLESFORD HOMEOWNERS ASSOCIATION, INC.



**FILED** Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90052 010 \*\*\*\*61.25

					COD WET					
Principal Plac 3974 TAMPA R B OLDSMAR FL		S	Mailing Address PO BOX 2157 OLDSMAR FL 34677 US				1 100/12/01 010 10/1/	AYRII 30NIY 83NI 43NI 93X	)	DIRA RIII IORI
2. Principal Place of Business			3. Mailing Address							
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
Cit. 9 Chara			City 9 Chara				A FEIAL TO A SAME AND			
City & State			City & State				4. FEI Number <b>59-3275976</b> Applied For Not Applicable			
Zip Country			Zip	Zip Country			5. Certificate of Status Desired  \$8.75 Additional Fee Required			
	6. Name	and Address of Current	Registered Agent	stered Agent			7. Name and Address of New Registered Agent			
	<u> </u>			Name						
HANSON 3974 TAN	I,-JACK MPA ROAD	ఎస్.మో.ఉభిమాంగా	· ·	Street Ad			sss (P.O. Box Number is Not Acceptable)			
В										
OLDSMAR FL 34677				City	•		F	Zip Cod	<b>l</b> e	
8. The above	named entity	submits this statement for	or the ourpose of cha	anaina its reaister	ed office or re	eaistere	d agent, or both, in the	e State of Florida. 1	am familiar with.	and accept
the obligat	tions of registe	ered agent.								
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if applicable.	(NOTE: Registere	ed Agent signature	required v	vhen reinstating)	DA*	TE .	
	, , , , , , , , , , , , , , , , , , ,		<u> </u>							
!	FILE NOW	ction Campaign F st Fund Contribut	~ ~		\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State					
		OFFICERS AND SU	L L							
TITLE	PD	OFFICERS AND DI		11.		PD	DDITIONS/CHANGE:	S TO OFFICERS AND		
NAME.	PETERSEN	LISA	<b>⊠</b> De	elete TITL NAM	AF	BRUA	MDN. JACK		Change	☐ Addition
STREET ADDRESS		N TERRACE			EET ADDRESS	433	4 AUSTON WI	<del>1</del> 1/		
CITY-ST-ZIP		BOR FL 34685		CITY	/-ST-ZIP	PALM	MON, JACK HAUSTON WI HALBOR, F	L. 34685		
TITLE	VPD		□ De	elete TITLI		· · · · · · · · · · · · · · · · · · ·			Change	☐ Addition
NAME	LINTON, B	RUCE		NAM	1E					
STREET ADDRESS	4330 AUST	ON WAY		STRE	EET ADDRESS					ı
CITY-ST-ZIP	PALM HAR	BOR FL		CITY	Y-ST-ZIP					
TITLE	DS		☐ De	elete TITLI	E				☐ Change	☐ Addition
NAMÉ		r, kathleen		NAM						
STREET ADDRESS*	4186 AMBI		-=		LEI AUUNESS	· · · ·				
CITY-ST-ZIP	PALM HAR	ROK FF			'-ST-ZIP					
TITLE	DT CEDANI DI	-00V	□ De						Change	☐ Addition
NAME STREET ADDRESS	SEDANI, PI			NAM						
CITY-ST-ZIP	4190 AUST Palm har				EET ADDRESS '-ST-ZIP					
	D	DON FL	<b>X</b> 1 De			$\overline{}$				Addition
TITLE NAME	CRAFT, JO	ΔN	Der De	elete TITLI NAM	ıc   «	CAR	ELLA, JOE		☐ Change	Addition
STREET ADDRESS	4377 ALDO				EET ADDRESS	1100	AVRAN TE	RK.		
CITY-ST-ZIP	PALM HAR				'-ST-ZIP		n HALROS	5 34LRC	-	}
TITLE	D		De	lete TITLE	E	D	· · · · · · · · · · · · · · · · · · ·	C. 5 TROS	Change	Addition
NAME	BRUNTON,	JACK	_ De	NAM	RE J	STE	GER. PAUL	_	L. Johnson	
STREET ADDRESS	4334 AUST				EET ADDRESS	4634	AVRON TE	- RR.		
CITY-ST-ZIP	PALM HAR			CITY	-ST-ZIP	PALM	MAJBOR,  MER, PAUL  AYRON TE  HARBOR	FL.34685	_	

12. 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 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 an address, with all other like empowered.

SIGNATURE:

OHN BRUNTON 3-17-03 727-789-4390