FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400004888 (3)

ASHINGTON PARK HOMEOWNERS ASSOCIATION, INC.

FILED Mar 06 1998 8:00am Secretary of State

		.no Association, inc.	·		
Principal Place of Business 4005 MARONDA WAY SANFORD FL 32771		Mailing Address PO BOX 182150 CASSELBERRY FL 32718-2150 US		3. Date Incorporated or Qualified 10/04/1994 4. FEI Number Applied For	
2. Principal Pl	ace of Business	2a. Mailing Address		59-3309493 5. Certificate of Status Desired □	\$8.75 Additional Fee Required
Sulte, Apt. #, etc.		26 Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
City & State		City & State		7. Is this nonprofit corporation a homeowners association?	
Zip 24	Country 25	Zip	Country	This corporation owes or has paid the Personal Property Tax due June 30.	
24	9. Name and Address of Curi			10. Name and Address of New Registers	ed Agent
4005 MA	eh, samuel l Ronda Way d Fl 32771		81 Name 82 Street Addi 83 84 City	ress (P.O. Box Number is Not Acceptable)	85 Zip Code
agent. I ar SIGNATURE _ 12.	in familiar with, and accept the ob Bignature, typed or printed name of registered OFFICERS A	ligations of, Section 617.0503, Flor agent and title if applicable. (NOTE: NDD DIRECTORS	ida Statutes. Registered Agent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFICERS A	E IND DIRECTORS IN 12
NAME STREET ADDRESS CITY-ST-ZIP	PD Katanich, Samuel L 4005 Maronda Way Sanford Fl 32771	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		L. Change L. Addition
TITLE NAME STREET ADDRESS	VD MOORE, JEFFREY W 4005 MARONDA WAY SANFORD FL 32771	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS	STD HOWARD, SCOTT C 4005 MARONDA WAY SANFORD FL 32771	☐ DELĒTE	2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	SAITOND PL 32771	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADORESS	· · · · · · · · · · · · · · · · · · ·	Change Addition
TITLE NAME STREET ADDRESS		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		Change Addition

4. I hereby certify that the information supplied with this (fling does not qualify for he exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied 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 of the feativer or truttee empowered to discoute 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 attragramment with an additions.

CICNIATURE.

407-321-0064