2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004
Secretary of State

DOCUMENT# N94000004888

Entity Name: ASHINGTON PARK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. SR 434
SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-3309493 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JR., JAMES W
SENTRY MANAGEMENT INC
2180 W. SR 434, STE 5000
LONGWOOD, FL 32779 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: ROSEN, JOEL M
Address: 4161 STONEFIELD DRIVE
City-St-Zip: ORLANDO, FL 32826

Title: DV ( ) Delete
Name: BRAY, CHRISTINA
Address: 4307 STONEFIELD DRIVE
City-St-Zip: ORLANDO, FL 32826

Title: DV ( ) Delete
Name: DOTSON, TIMOTHY L
Address: 14542 GREYDALE CIRCLE
City-St-Zip: ORLANDO, FL 32826

Title: DS ( ) Delete
Name: LYNCH, SHEILA-RAE D
Address: 4229 IVEYGLEN AVENUE
City-St-Zip: ORLANDO, FL 32826

Title: DT ( ) Delete
Name: SILVIANO, JAMES F
Address: 14515 LAKE PRICE DRIVE
City-St-Zip: ORLANDO, FL 32826

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ROSEN, JOEL M
Address: PO BOX 780922
City-St-Zip: ORLANDO, FL 32878

Title: VPD (X) Change ( ) Addition
Name: DOTSON, TIM
Address: 14542 GREYDALE CIR
City-St-Zip: ORLANDO, FL 32826

Title: SD (X) Change ( ) Addition
Name: THOMAS, STACY
Address: 4201 NEWTON HALL DR
City-St-Zip: ORLANDO, FL 32826

Title: TD (X) Change ( ) Addition
Name: ALEXANDER, PHIL
Address: 4126 DREYGLEN AVE
City-St-Zip: ORLANDO, FL 32826

Title: VPD (X) Change ( ) Addition
Name: GREEN, MATT
Address: 4064 STONEFIELD DR
City-St-Zip: ORLANDO, FL 32826

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: JOEL ROSEN PD 03/25/2004

Electronic Signature of Signing Officer or Director — Date