

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004888

FILED
Apr 22, 2008
Secretary of State

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: DOTSON, TIM
Address: 14542 GREYDALE CIR
City-St-Zip: ORLANDO, FL 32826

Title: VPD () Delete
Name: ALEXANDER, PHIL
Address: 4126 IVEYGLEN AVE
City-St-Zip: ORLANDO, FL 32826

Title: D (X) Delete
Name: LINCOLN, ROBERT
Address: 4453 STONEMEADOW DR
City-St-Zip: ORLANDO, FL 32826

Title: TD () Delete
Name: MANNING, KELLE
Address: 4793 FISKE CIR
City-St-Zip: ORLANDO, FL 32826

Title: SD () Delete
Name: REED, CHRISTOPHER
Address: 4787 FISKE CIR
City-St-Zip: ORLANDO, FL 32826

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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

Title: D () Change (X) Addition
Name: MCNAIRE, KELLI
Address: 14501 LYCASTLE CIR
City-St-Zip: ORLANDO, FL 32826

I hereby certify that the information supplied with this filing does not qualify 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: TIM DOTSON

PD

04/22/2008

Electronic Signature of Signing Officer or Director

Date