

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90205 013 ****61.25

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1. Entity Name

ASHINGTON PARK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**5025 SOUTH U.S. 17-92
CASSELBERRY FL 32707-3815**

Mailing Address

**2180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779-5044
US**

2. Principal Place of Business

3. Mailing Address

2180 W SR 434

Suite, Apt. #, etc.

Suite 5000

City & State

Longwood, FL

Zip

32779

Country

USA

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3309493**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SPARE, WILLIAM C
C/O MID-FLORIDA PROP. MGMT
5025 SOUTH U.S. HWY. 17-92
CASSELBERRY FL 32707**

7. Name and Address of New Registered Agent

**JAMES W. HART JR.
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD FL 32779**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **ROSEN, JOEL M**
STREET ADDRESS **4161 STONEFIELD DRIVE**
CITY-ST-ZIP **ORLANDO FL 32826**

TITLE **DV** ☐ Delete
NAME **BRAY, CHRISTINA**
STREET ADDRESS **4307 STONEFIELD DRIVE**
CITY-ST-ZIP **ORLANDO FL 32826**

TITLE **DV** ☐ Delete
NAME **DOTSON, TIMOTHY L**
STREET ADDRESS **14542 GREYDALE CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32826**

TITLE **DS** ☐ Delete
NAME **LYNCH, SHEILA-RAE D**
STREET ADDRESS **4229 IVEYGLEN AVENUE**
CITY-ST-ZIP **ORLANDO FL 32826**

TITLE **DT** ☐ Delete
NAME **SILVANO, JAMES F**
STREET ADDRESS **14515 LAKE PRICE DRIVE**
CITY-ST-ZIP **ORLANDO FL 32826**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 another life empowered.

SIGNATURE:

JOEL M. ROSEN

3/13/03

CR2E037 (10/02)