## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # N94000005579

1. Entity Name
ASHTON LAKES NO. 9 CONDOMINIUM ASSOCIATION, INC.



**FILED** 

Mar 19, 2007 8:00 am Secretary of State 03-19-2007 90096 013 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2951 CLARK SARASOTA, F		2951 CLARK RD. Sarasota, FL 34231					60025264 -				
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address									
Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc.				3122007	Chg-NP	CR2E0	37 (12/06)	
City & Stat	е	City & State				4.	FEI Numbe				pplied For lot Applicable
Zip	Country	Zip		ntry	5. Certificate of Status Desired Secured Secure Securi Securi Securi					ditional	
	6. Name and Address of Curre	nt Registered	d Agent			7.	Name and	Address of New	Registered.	Agent	
RITCHIE, JOSEPH 2951 CLARK RD SARASOTA, FL 34231			Name Street A			ddress (P.O	. Box Numb	er is Not Acceptat	ble)		
					City				FL	Zip Co	de
the obligat	tions of registered agent.  Signature, typed or printed name of registered age	ant and title if appli	icable. (NOTE	: Registered	d Agent algnatu	ure required whe	n reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2007			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 I	DIRECTORS		11.		ADD	ITIONS/CH	ANGES TO OFFIC	CERS AND DI	RECTORS	N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FAGG, ROBERT 5647 ASHTON WAY SARASOTA, FL 34231		☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HENSHAW, JOSEPH 5645 ASHTON WAY SARASOTA, FL 34231		☐ Defete		T I		. ,	# 1 man a		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD AUBELE, RON 5603 ASHTON RD SARASOTA, FL 34231		Delete			ST Dack 5617 SARA	Ken Ashto Sota	n Way FL 34	(23)	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		Į.					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAMI						☐ Change	Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

NING OFFICER OR DIRECTOR