

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90281 005 ****61.25

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DOCUMENT # N95000000619 1. Entity Name ASHLEY PLACE OF ORLANDO HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 4004 EDGEWATER DR ORLANDO, FL 32804-2837 US			Mailing Address 4004 EDGEWATER DR ORLANDO, FL 32804-2837 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3293337	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RIVERA, MARY L 4004 EDGEWATER DR ORLANDO, FL 32804				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	KD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, SYLVESTER		NAME	Eckert, Kevin	
STREET ADDRESS	3781 LASSON CT		STREET ADDRESS	3709 Lasson Ct.	
CITY - ST - ZIP	ORLANDO, FL 32835		CITY - ST - ZIP	Orlando FL 32835	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAPPAS, SUE		NAME	Pappas, Jim	
STREET ADDRESS	7249 MANDELL COURT		STREET ADDRESS	7249 Mandell Ct.	
CITY - ST - ZIP	ORLANDO, FL 32835		CITY - ST - ZIP	Orlando FL 32835	
TITLE		<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Ailly, Serba	
STREET ADDRESS			STREET ADDRESS	1265 Mandell Ct	
CITY - ST - ZIP			CITY - ST - ZIP	Orlando FL 32835	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Bird, Julie	
STREET ADDRESS			STREET ADDRESS	1333 Mandell Ct.	
CITY - ST - ZIP			CITY - ST - ZIP	Orlando FL 32835	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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.					
SIGNATURE: Sylvester Taylor Sylvester Taylor 4/5/06 407 299-9009 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					