

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

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**



01262008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3293337

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RIVERA, MARY L
4004 EDGEWATER DR
ORLANDO, FL 32804**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
TAYLOR, SYLVESTER
3781 LASSON CT
ORLANDO, FL 32835**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
PAPAS, JIM
7249 MANDELL COURT
ORLANDO, FL 32835**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
ECKERT, KEVIN
3709 LASSON CT
ORLANDO, FL 32835**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
ALLY, SERBA
7265 MARDELL CT
ORLANDO, FL 32835**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BIRD, JULIE
7333 MARDELL CT
ORLANDO, FL 32835**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000814460
02/13/08-80045-008 61.25

**DO NOT WRITE
IN THIS SPACE**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sylvester Taylor

1/31/08
Date

407 299-9009
Daytime Phone #