## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000000619

FILED Apr 02, 2009 Secretary of State

Entity Name: ASHLEY PLACE OF ORLANDO HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 4004 EDGEWATER DR 4004 EDGEWATER DR ORLANDO, FL 328042837 US ORLANDO, FL 32804 US **Current Mailing Address: New Mailing Address:** 4004 EDGEWATER DR 4004 EDGEWATER DR ORLANDO, FL 328042837 US ORLANDO, FL 32804 US FEI Number: 59-3293337 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RIVERA, MARY L 4004 EDGEWATER DR ORLANDO, FL 32804 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition TAYLOR, SYLVESTER Name: Name: 3781 LASSON CT Address: Address: City-St-Zip: ORLANDO, FL 32835 City-St-Zip: Title: SD ( ) Delete Title: SD (X) Change ( ) Addition PAPAS, JIM Name: BIRD, JULIE Name: Address: 7249 MANDELL COURT Address: 7333 MARDELL COURT City-St-Zip: ORLANDO, FL 32835 City-St-Zip: ORLANDO, FL 32835 Title: VD () Delete Title: VD. (X) Change ( ) Addition ECKERT, KEVIN ALLY, SERBA Name: Name: 7265 MARDELL COURT Address: 3709 LASSON CT Address: City-St-Zip: ORLANDO, FL 32835 City-St-Zip: ORLANDO, FL 32835 (X) Change ( ) Addition Title: TD () Delete Title: TD ALLY, SERBÀ Name: Name: MARKER, DON 7265 MARDELL CT 7349 MARDELL COURT Address: Address: City-St-Zip: ORLANDO, FL 32835 City-St-Zip: ORLANDO, FL 32835 Title: () Delete Title: (X) Change ( ) Addition BIRD, JULIE ALLY, YOSUF Name: Name: 7333 MARDELL CT 7340 MARDELL CT Address: Address: ORLANDO, FL 32835 City-St-Zip: City-St-Zip: ORLANDO, FL 32835

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: SYLVESTER TAYLOR PD 04/02/2009