

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000000619

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

4004 EDGEWATER DR  
ORLANDO, FL 32804 US

**New Principal Place of Business:**

**Current Mailing Address:**

4004 EDGEWATER DR  
ORLANDO, FL 32804 US

**New Mailing Address:**

**FEI Number:** 59-3293337

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

**Title:** DP  
**Name:** PAPPAS, JIM  
**Address:** 7249 MARDELL COURT  
**City-St-Zip:** ORLANDO, FL 32835

**Title:** SD  
**Name:** SERBA, ALLY  
**Address:** 7265 MARDELL COURT  
**City-St-Zip:** ORLANDO, FL 32835

**Title:** VD  
**Name:** BANNASCH, DESIREE  
**Address:** 7254 MARDELL COURT  
**City-St-Zip:** ORLANDO, FL 32835

**Title:** TD  
**Name:** MARKER, DON  
**Address:** 7349 MARDELL COURT  
**City-St-Zip:** ORLANDO, FL 32835

**Title:** D  
**Name:** ECKERT, KEVIN J  
**Address:** 3709 LASSON COURT  
**City-St-Zip:** ORLANDO, FL 32835

I hereby 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 all other like empowered.

**SIGNATURE:** JIM PAPPAS

P/D

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date