


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000004923	
1. Entity Name ASHLEY OAKS VILLAS HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 3243 WOODBERRY LN SARASOTA, FL 34231	Mailing Address 6512 SUPERIOR AVE SARASOTA, FL 34231
--	--



03282005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0736442	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BYRD, H R 6512 SUPERIOR AVE SARASOTA, FL 34231
--

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM BYRD, H RICHARD 6512 SUPERIOR AVE SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV UTZ, IRA 3220 WOODBERRY LANE SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GIORDANO, NANCY 3200 WOODBURY LANE SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHIOLES, KENNETH 3251 WOODBERRY LANE SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SANDER, STEVEN 3227 WOODBERRY LANE SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SCHMITZ, CLAIRE 3209 WOODBERRY LANE SARASOTA, FL 34231

<p>U000000283782 04/01/05-80042-005 61.25</p> <p align="center">DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X  **3/29/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #