


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90041 020 ****61.25

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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
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				7. Name and Address of New Registered Agent 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 reappointing)</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					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<small>DM</small> BYRD, H RICHARD <input type="checkbox"/> Delete 6512 SUPERIOR AVE SARASOTA, FL 34231	<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<small><input type="checkbox"/> Change <input type="checkbox"/> Addition</small>		
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<small>DV</small> UTZ, IRA <input type="checkbox"/> Delete 3220 WOODBERRY LANE SARASOTA, FL 34231	<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<small><input type="checkbox"/> Change <input type="checkbox"/> Addition</small>		
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<small>DS</small> GIORDANO, NANCY <input type="checkbox"/> Delete 3200 WOODBURY LANE SARASOTA, FL 34231	<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<small><input type="checkbox"/> Change <input type="checkbox"/> Addition</small>		
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<small>D</small> SCHOLES, KENNETH <input type="checkbox"/> Delete 3251 WOODBERRY LANE SARASOTA, FL 34231	<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<small><input type="checkbox"/> Change <input type="checkbox"/> Addition</small>		
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<small>DP</small> SANDER, STEVEN <input type="checkbox"/> Delete 3227 WOODBERRY LANE SARASOTA, FL 34231	<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<small><input type="checkbox"/> Change <input type="checkbox"/> Addition</small>		
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<small>DT</small> SCHMITZ, CLAIRE <input type="checkbox"/> Delete 3209 WOODBERRY LANE SARASOTA, FL 34231	<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<small><input type="checkbox"/> Change <input type="checkbox"/> Addition</small>		
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: <i>[Signature]</i> 1/16/06 941-921-5549 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					