

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90053 015 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082008

Chg-NP

CR2E037 (12/06)

4. FEI Number
65-0736442

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DM** ☐ Delete
NAME **BYRD, H RICHARD**
STREET ADDRESS **6512 SUPERIOR AVE**
CITY-ST-ZIP **SARASOTA, FL 34231**

TITLE **DV** ☒ Delete
NAME **UTZ, IRA**
STREET ADDRESS **3220 WOODBERRY LANE**
CITY-ST-ZIP **SARASOTA, FL 34231**

TITLE **DS** ☐ Delete
NAME **GIORDANO, NANCY**
STREET ADDRESS **3200 WOODBURY LANE**
CITY-ST-ZIP **SARASOTA, FL 34231**

TITLE **D** ☒ Delete
NAME **SCHOLES, KENNETH**
STREET ADDRESS **3251 WOODBERRY LANE**
CITY-ST-ZIP **SARASOTA, FL 34231**

TITLE **DP** ☐ Delete
NAME **PSICHOGIOS, MARIANNE**
STREET ADDRESS **3255 WOODBERRY LN**
CITY-ST-ZIP **SARASOTA, FL 34231**

TITLE **DT** ☐ Delete
NAME **KRAUSE, DENISE**
STREET ADDRESS **3215 WOODBERRY LN**
CITY-ST-ZIP **SARASOTA, FL 34231**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **John Wells**
STREET ADDRESS **3228 Woodberry Lane**
CITY-ST-ZIP **Sarasota, FL 34231**

TITLE **D** ☐ Change ☒ Addition
NAME **Marianne Beck**
STREET ADDRESS **3212 Woodberry Lane**
CITY-ST-ZIP **Sarasota, FL 34231**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

AR Byrd

Date *4/2/08*