

FILE NOW: FILING FEE IS \$61.25

FILED
May 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N96000002909 (7)**

1. Corporation Name

ASHLEY DOWNS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 3475 PRIMROSE WAY PALM HARBOR FL 34683	Mailing Address 3475 PRIMROSE WAY PALM HARBOR FL 34683-2221
--	---

3. Date Incorporated or Qualified 06/03/1996	3a. Date of Last Report
--	-------------------------

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3384774		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.			5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State	27 City & State			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip	28 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent HARRIS, ROGER 3477 FOX HUNT DRIVE PALM HARBOR FL 34683				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City FL 85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, ROGER	1.2 NAME	Harris, Roger
STREET ADDRESS	3475 PRIMROSE WAY	1.3 STREET ADDRESS	3477 Fox Hunt Drive
CITY - ST - ZIP	PALM HARBOR FL 34683	1.4 CITY - ST - ZIP	Palm Harbor, Fl 34683
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONK, JAMES	2.2 NAME	Ronk, James
STREET ADDRESS	3475 PRIMROSE WAY	2.3 STREET ADDRESS	3478 Fox Hunt Drive
CITY - ST - ZIP	PALM HARBOR FL 34683	2.4 CITY - ST - ZIP	Palm Harbor, Fl 34683
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSON, CECILIA	3.2 NAME	Larson, Cecilia
STREET ADDRESS	3475 PRIMROSE WAY	3.3 STREET ADDRESS	3475 Primrose Way
CITY - ST - ZIP	PALM HARBOR FL 34683	3.4 CITY - ST - ZIP	Palm Harbor, Fl 34683
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **ROGER HARRIS** 4/10/97 (813)943-0540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000000

CR2E037 (9/96)