

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

3475 PRIMROSE WAY
PALM HARBOR FL 34683

3475 PRIMROSE WAY
PALM HARBOR FL 34683

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

HARRIS, ROGER
3477 FOX HUNT DRIVE
PALM HARBOR FL 34683

3. Date Incorporated or Qualified

06/03/1996

4. FEI Number

59-3384774

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?



Yes No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes No

10. Name and Address of New Registered Agent

81 Name

C.T. Corporation System

82 Street Address (P.O. Box Number is Not Acceptable)

1200 S. Pine Island Road

83

84 City

Plantation

FL

85 Zip Code

33324

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, the Florida Statutes.

SIGNATURE

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

SPECIAL ASSISTANT SECRETARY

August 21, 1998

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME HARRIS, ROGER
STREET ADDRESS 3477 FOX HUNT DRIVE
CITY-ST-ZIP PALM HARBOR FL
☒ DELETE

TITLE n
NAME RONK JAMES
STREET ADDRESS 3478 FOX HUNT DRIVE
CITY-ST-ZIP PALM HARBOR FL
☒ DELETE

TITLE n
NAME LARSON, CECELIA
STREET ADDRESS 3475 PRIMROSE WAY
CITY-ST-ZIP PALM HARBOR FL
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President and Director
1.2 NAME Phyllis Nash
1.3 STREET ADDRESS 10 Light Street, 6th Floor
1.4 CITY-ST-ZIP Baltimore, Maryland 21202
☒ Change ☐ Addition

2.1 TITLE Vice President and Director
2.2 NAME James McNicholas,
2.3 STREET ADDRESS 10 Light St. 6th Floor
2.4 CITY-ST-ZIP Baltimore, Maryland 21202
☒ Change ☐ Addition

3.1 TITLE Secretary/Treasurer &
3.2 NAME Susan Reif Director
3.3 STREET ADDRESS 10 Light Street, 6th Floor
3.4 CITY-ST-ZIP Baltimore, Maryland 21202
☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
900002624289-011
-08/25/98--01022--011
*****61.25 *****61.25

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
900002624289-2
-08/25/98--01022--011
*****8.75 *****8.75

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. 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 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: Phyllis Nash, President

Aug 20/98

410 605-8387

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)

07/08/98