

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000002909

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

FILED

99 MAR -5 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

21 10 GOLDSTAR MANOR

Suite, Apt. #, etc.

22 34072 U.S. 19 NORTH

City & State

23 PALM HARBOR

Zip

24 FL 34689

Country

25 PINELLAS

2a. Mailing Address

26 10 GOLDSTAR MANOR

Suite, Apt. #, etc.

27 34072 U.S. 19 NORTH

City & State

28 PALM HARBOR FL

Zip

29 34684

Country

30 PINELLAS

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

9. Name and Address of Current Registered Agent

C.T. CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

William GOLDMAN

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

34072 U.S. 19 NORTH

83

84 City

PALM HARBOR

FL

85 Zip Code

34684

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 *William Goldman*
Signature, typed or printed name of registered agent and title if applicable

WILLIAM GOLDMAN
(NOTE: Registered Agent signature required when reinstating)

1-9-99
DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME NASH, PHYLLIS
STREET ADDRESS 10 LIGHT STREET, 6TH FLOOR
CITY-ST-ZIP BALTIMORE MD 21202

TITLE VPD ☐ DELETE

NAME MCNICHOLAS, JAMES
STREET ADDRESS 10 LIGHT ST. 6TH FLOOR
CITY-ST-ZIP BALTIMORE MD 21202

TITLE ST ☐ DELETE

NAME REIF, SUSAN
STREET ADDRESS 10 LIGHT ST. 6TH FLOOR
CITY-ST-ZIP BALTIMORE MD 21202

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *Phyllis Nash*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

40-605-8387
Daytime Phone #

0072129

CR2E037 (11/98)