

AMENDED

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90082 048 ****61.25

DOCUMENT # N96000002909

1. Corporation Name

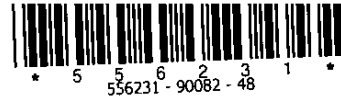
Ashley Downs Homeowners Association, Inc.

Principal Place of Business

34072 U.S. 19 North
Palm Harbor, FL 34689

Mailing Address

34072 U.S. 19 North
Palm Harbor, FL 34684



2. Principal Place of Business

21 650 Starkey Road

Suite, Apt. #, etc.

22

City & State

23 Largo, Florida

Zip Country

24

25

2a. Mailing Address

26 650 Starkey Road

Suite, Apt. #, etc.

27

City & State

28 Largo, Florida

Zip Country

29

30

3. Date Incorporated or Qualified

June 3, 1996

4. FEI Number

59-3384774

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

William Goldman
34072 U.S. 19 North
Palm Harbor, FL 34689

10. Name and Address of New Registered Agent

81 Name
Gregory A. Fox, Esquire
82 Street Address (P.O. Box Number is Not Acceptable)
28050 U.S. 19 North, Suite 100
83
84 City
Clearwater, FL 85 Zip Code
33761

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

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

(NOTE: Registered Agent signature required when reinstating)

5/13/99
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	NASH, PHYLLIS	
STREET ADDRESS	10 Light Street, 6th Floor	
CITY-ST-ZIP	Baltimore, MD 21202	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	MCNICHOLAS, JAMES	
STREET ADDRESS	10 Light Street, 6th Floor	
CITY-ST-ZIP	Baltimore, MD 21202	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	REIF, SUSAN	
STREET ADDRESS	10 Light Street, 6th Floor	
CITY-ST-ZIP	Baltimore, MD 21202	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SZASZ, STEVE	
1.3 STREET ADDRESS	650 Starkey Road	
1.4 CITY-ST-ZIP	Largo, FL 33771	
2.1 TITLE	VPSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SZASZ, ROBERT	
2.3 STREET ADDRESS	650 Starkey Road	
2.4 CITY-ST-ZIP	Largo, FL 33771	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ADLER, LASZLO	
3.3 STREET ADDRESS	650 Starkey Road	
3.4 CITY-ST-ZIP	Largo, FL 33771	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT SZASZ, Vice-President

5-6-99

Date

(727) 518-1398

Daytime Phone #

CR2E037 (11/98)