

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90102 045 ****61.25

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **N96000002909**

1. Entity Name

ASHLEY DOWNS HOA, INC.

DO NOT WRITE IN THIS SPACE

427306

2. Principal Place of Business

C/O INNOVATIVE COMMUNITY MGMT

3. Mailing Address

C/O INNOVATIVE COMMUNITY MGMT

Suite, Apt. #, etc.

2165 TREVOR ROAD

Suite, Apt. #, etc.

2165 TREVOR ROAD

DO NOT WRITE IN THIS SPACE

City & State

PALEMBURG FL

City & State

PALEMBURG FL 34683

4. FEI Number

59-3384774

Applied For

Not Applicable

Zip

34683

Country

USA

Zip

34683

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

TERRI B. WHETZEL

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

2165 TREVOR ROAD

City

PALEMBURG

FL

Zip Code

34683

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.

SIGNATURE

Terri B. Whetzel

TERRI B WHETZEL

3/4/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PD
TIMOTHY J. REILLY
3440 PRIMROSE WAY
PALEMBURG, FL 34683**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**1ST VPD
SAMUEL A. SCHEIDERER
3438 PRIMROSE WAY
PALEMBURG, FL 34683**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**2ND VPD
D. SCOTT MAC CANNUM
3416 PRIMROSE WAY
PALEMBURG FL 34683**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**SD
GEORGE B. KODER
3445 FOX HUNT DRIVE
PALEMBURG, FL 34683**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**TD
RICHARD DELGADO
3428 PRIMROSE WAY
PALEMBURG, FL 34683**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Delgado

DATE

3/11/02

DAYTIME PHONE #

727-187-3865

CR2E037B (12/01)