


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90016 005 ****61.25

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| DOCUMENT # N96000002909 |  |
| 1. Entity Name ASHLEY DOWNS HOMEOWNERS ASSOCIATION, INC. | |

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| Principal Place of Business 3060 ALTERNATE 19 NORTH B-15 PALM HARBOR, FL 34683 | Mailing Address 3060 ALTERNATE 19 NORTH B-15 PALM HARBOR, FL 34683 |
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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

01182004 Chg-NP CR2E037 (10/03)

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| 4. FEI Number 59-3384774 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| TERRI, WHETZEL B 2165 TREVOR RD PALM HARBOR, FL 34683 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL Zip Code | |

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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|---|---|--|--|
| Filing Fee is \$61.25 Due by May 1, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD REILLY, TIMOTHY J (REILLY) <input type="checkbox"/> Delete 3440 PRIMROSE WAY PALM HARBOR, FL 346832233 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD GEORGE E. KODER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3445 FOX HUNT DRIVE PALM HARBOR, FL 34683-2203 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD JONES, RENEE <input type="checkbox"/> Delete 3444 PRIMROSE WAY PALM HARBOR, FL 346832233 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD SCHIEDERER, SAMUEL M <input type="checkbox"/> Delete 3438 PRIMROSE WAY PALM HARBOR, FL 346832233 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD DELGADO, RICHARD <input type="checkbox"/> Delete 3428 PRIMROSE WAY PALM HARBOR, FL 346832229 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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12. 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 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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Timothy J. Reilly **Timothy J. Reilly** 4/5/2004 727-944-4488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #