2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002909

FILED Apr 17, 2005 Secretary of State

Entity Name: ASHLEY DOWNS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 3060 ALTERNATE 19 NORTH B-15 PALM HARBOR, FL 34683 **New Mailing Address: Current Mailing Address:** 3060 ALTERNATE 19 NORTH B-15 PALM HARBOR, FL 34683 FEI Number: 59-3384774 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: TERRI, WHETZEL B WHETZEL, TERRI B 2165 TREVOR RD 3060 ALTERNATE 19 NORTH PALM HARBOR, FL 34683 US B-15 PALM HARBOR, FL 34683 US 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 04/17/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition REILLY, TIMOTHY J Name: Name: 3440 PRIMROSE WAY Address: Address: City-St-Zip: PALM HARBOR, FL 346832233 City-St-Zip: Title: () Delete Title: () Change () Addition JONES, RENEE Name: Name: Address: 3444 PRIMROSE WAY Address: City-St-Zip: PALM HARBOR, FL 346832233 City-St-Zip: Title: VPD () Delete Title: (X) Change () Addition SCHIEDERER, SAMUEL M SCHIEDERER, SAMUEL M Name: Name: Address: 3438 PRIMROSE WAY Address: 3438 PRIMROSE WAY City-St-Zip: PALM HARBOR, FL 346832233 City-St-Zip: PALM HARBOR, FL 346832233 Title: TD () Delete Title: VPD (X) Change () Addition KORF, RODNEY W Name: DELGADO, RICHARD Name: 3428 PRIMROSE WAY 3484 PRIMROSE WAY Address: Address: City-St-Zip: PALM HARBOR, FL 346832229 City-St-Zip: PALM HARBOR, FL 346832228 Title: () Delete Title: (X) Change () Addition KODER, GEORGE E KODER, GEORGE E Name: Name: 3445 FOX HUNT DR. 3445 FOX HUNT DRIVE Address: Address: City-St-Zip: PALM HARBOR, FL 346832203 City-St-Zip: PALM HARBOR, FL 346832203

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY J. REILLY PD 04/17/2005