


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

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90140 031 ****61.25

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3060 Alternate 19 North		3. Mailing Address 3060 Alternate 19 North		4. FEI Number 59-3384774		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Suite, Apt. #, etc. B-15		Suite, Apt. #, etc. B-15		DO NOT WRITE IN THIS SPACE			
City & State Palm Harbor, FL		City & State Palm Harbor, FL		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 34683	Country USA	Zip 34683	Country USA				

DO NOT WRITE IN THIS SPACE

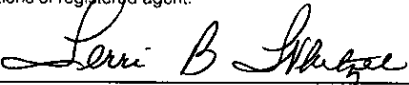
7. Name and Address of Current Registered Agent

Name WHETZEL, TERRI B., CMCA, AMS

Street Address (P.O. Box Number is Not Acceptable)
2165 Trevor Road

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

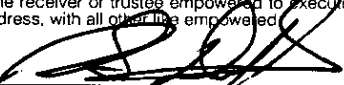
SIGNATURE  Terri B. Whetzel, CMCA, AMS 03-13-03

Signature, typed or printed name of registered agent and title 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. <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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D REILLY, TIMOTHY J. 3440 PRIMROSE WAY PALM HARBOR, FL 34683-2233	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D JONES, RENEE 3444 PRIMROSE WAY PALM HARBOR, FL 34683-2233	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D SCHEIDERER, SAMUEL M. 3438 PRIMROSE WAY PALM HARBOR, FL 34683-2233	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D KODER, GEORGE E. 3445 FOX HUNT DRIVE PALM HARBOR, FL 34683-2203	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D DELGADO, RICHARD 3428 PRIMROSE WAY PALM HARBOR, FL 34683-2229	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other the empowered.

SIGNATURE:  Richard Delgado, Treasurer 03-13-03 727-944-4488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)