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

FILED
Mar 25, 2002 8:00 am
Secretary of State
03-25-2002 90018 022 ****61.25

DOCUMENT # N96000004242

1. Entity Name

ASHLEY PARK FIVE CONDOMINIUM ASSOCIATION, INC.

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2. Principal Place of Business	3. Mailing Address
7635 Ashley Park Ct	1130 E. Plant St.
Suite, Apt. #, etc.: Suite 503	Suite, Apt. #, etc.: Suite H
City & State: Orlando, FL	City & State: Winter Garden, FL
Zip: 32835 Country: usa	Zip: 34787 Country: usa

4. FEI Number: 59-3394771 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: George Douglas Laman

Street Address (P.O. Box Number is Not Acceptable): 1130-H E Plant St.

City: Winter Garden, FL Zip Code: 34787

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: _____ 3-11-02
Signature, typed or printed name of individual signing and capacity or relationship to entity (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	VD
NAME	Laman, George Douglas
STREET ADDRESS	1130 E. Plant St, Ste H
CITY-ST-ZIP	Winter Garden, FL 34787
TITLE	STD
NAME	Laman, Edward D.
STREET ADDRESS	1130 E. Plant St, Ste H
CITY-ST-ZIP	Winter Garden, FL 34787
TITLE	D
NAME	LAMAN, JOANNE
STREET ADDRESS	1130 E. PLANT ST, Ste H
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3-11-02 407 877 7722
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SIGNING, OFFICER OR DIRECTOR Date Daytime Phone #