

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 20, 2003 8:00 am**  
**Secretary of State**

5/1

05-01-2003 90806 017 \*\*\*\*61.25

**DOCUMENT # N96000006153**

1. Entity Name  
**ASHWOOD HOMEOWNERS ASSOCIATION OF SARASOTA, INC.**



Principal Place of Business  
P.O. BOX 18024  
SARASOTA FL 34276-1024  
US

Mailing Address  
P.O. BOX 18024  
SARASOTA FL 34276-1024  
US

**55049214**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

4. FEI Number **65-0669985** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**DEAN, ROY E**  
**2940 S TAMiami TRAIL**  
**SARASOTA FL 34239**

7. Name and Address of New Registered Agent  
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 of the registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW. FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>BREMNER, BILL</b> <b>5170 OLD ASHWOOD DR</b> <b>SARASOTA FL 34233</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>GEORGE, LEAN</b> <b>5232 OLD ASHWOOD DR</b> <b>SARASOTA FL 34233</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>YOUNGBLOOD, GAIL</b> <b>5273 OLD ASHWOOD DR</b> <b>SARASOTA FL 34233</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>SCHROEDER, JEANNINE</b> <b>5178 OLD ASHWOOD DR</b> <b>SARASOTA FL 34233</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>Ashew, Virginia L</b> <b>5174 Old Ashwood Dr</b> <b>Sarasota, FL 34233</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>Delpha J. Wright</b> <b>2030 Racimo Dr</b> <b>SARASOTA, FL 34240</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VO</b> <b>vice President</b> <b>ANN RAPP</b> <b>5171 Old Ashwood Dr.</b> <b>SARASOTA, FL 34233</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>Schroeder, Jeannine</b> <b>5178 Old Ashwood Dr.</b> <b>Sarasota, FL 34233</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 officers empowered.

SIGNATURE: \_\_\_\_\_  
**SIGNATURE REQUIRED**

CR2E037 (10/02)