2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State
02-01-2001 90074 016 ****61.25

DOCUMENT # N97000000501

1. Entity Name

ASHLEY OAKS MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4131 GUNN HIGHWAY TAMPA FL 33624	4131 GUNN HIGHWAY TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2799766 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GREENACRE PROPERTIES, INC
4131 GUNN HWY
SUITE 7E
TAMPA FL 33624

7. Name and Address of New Registered Agent

Name GREENACRE PROPERTIES, INC.
Street Address (P.O. Box Number is Not Acceptable) 4131 GUNN HIGHWAY
City TAMPA **FL** Zip Code 33624

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CHAPMAN, GARY 306 E. JACKSON STREET #7E TAMPA FL 33602	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LOUIS FELICETTI 10218 ASHLEY OAKS RIVERVIEW FL 33569 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CANSLER, DAVID 10511 ASHLEY OAKS RIVERVIEW FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AMOS, KEVIN 7408 MINT JULEP RIVERVIEW FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MCCABE, ANN 10421 ASHLEY OAKS RIVERVIEW FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ROBERT EWING 10508 ASHLEY OAKS RIVERVIEW FL 33569 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SHOEMAKER, ANN 7424 MINT JULEP RIVERVIEW FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MICHAEL THOMAS 10212 ASHLEY OAKS RIVERVIEW FL 33569 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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: [signature] 1/23/2001 (813) 274-5545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #