

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90074 023 ****61.25

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DOCUMENT # N97000000501 1. Entity Name ASHLEY OAKS MASTER ASSOCIATION, INC.					
Principal Place of Business 4131 GUNN HIGHWAY TAMPA, FL 33624			Mailing Address 4131 GUNN HIGHWAY TAMPA, FL 33624		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2799766	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FRISCIA, FRANCIS E MEIROSE & FIRSCIA, P.A. 500 NORTH WESTSHORE BLVD., STE. 635 TAMPA, FL 33609			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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee Is \$61.25 Due by May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FELICETTI, LOUIS 10218 ASHLEY OAKS RIVERVIEW, FL 33569 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Thomas, Michael 4131 Gunn Highway Tampa, FL 33618 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD THOMAS, MICHAEL 10212 ASHLEY OAKS DR RIVERVIEW, FL 33569 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD Felicetti, Louis 4131 Gunn Highway Tampa, FL 33618 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P AMOS, KEVIN 7408 MINT JULEP RIVERVIEW, FL ☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Pellerito, Pat 4131 Gunn Highway Tampa, FL 33618 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CURTIS, JESSE 10332 ASHLEY OAKS DR. RIVERVIEW, FL 33569 ☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Salisbury, Troy 4131 Gunn Highway Tampa, FL 33618 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SALISBURY, TROY 7406 MINT JULEP RIVERVIEW, FL 33569 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Bohnensticht, Sharon 4131 Gunn Highway Tampa, FL 33618 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 1/17/05 Daytime Phone # _____		