

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

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90143 027 ****61.25

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

Zip

Country

Zip

Country

4. FEI Number **59-2799766**

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

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete
NAME **FELICETTI, LOUIS**
STREET ADDRESS **10218 ASHLEY OAKS**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VP** ☒ Delete
NAME **CANSLER, DAVID**
STREET ADDRESS **10511 ASHLEY OAKS**
CITY-ST-ZIP **RIVERVIEW FL**

TITLE **VPD** ☐ Change ☒ Addition
NAME **Thomas, Michael**
STREET ADDRESS **10212 Ashley Oaks Dr**
CITY-ST-ZIP **Riverview, FL 33569**

TITLE **P** ☐ Delete
NAME **AMOS, KEVIN**
STREET ADDRESS **7408 MINT JULEP**
CITY-ST-ZIP **RIVERVIEW FL**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☒ Delete
NAME **EWING, ROBERT**
STREET ADDRESS **10508 ASHLEY OAKS**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **SD** ☒ Change ☐ Addition
NAME **Ewing, Robert**
STREET ADDRESS **10508 Ashley Oaks**
CITY-ST-ZIP **Riverview, FL 33569**

TITLE **D** ☒ Delete
NAME **THOMAS, THOMAS**
STREET ADDRESS **10212 ASHLEY OAKS**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE ☐ Change ☒ Addition
NAME **Salisbury, Troy**
STREET ADDRESS **7406 Mint Julep**
CITY-ST-ZIP **Riverview, FL 33569**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with all other titles empowered.

SIGNATURE:

KEVIN L. AMOS 1/21/03 (813) 690-4674

CR2E037 (10/02)