

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90052 023 ****61.25



NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # N 97000002724 ✓

1. Corporation Name
Ashton Oaks Condominium Assoc., Inc.

Principal Place of Business
2640 Golden Gate Pkwy. #114 Naples, FL 34105

Mailing Address
2640 Golden Gate Pkwy. #114 Naples, FL 34105

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0756991 ✓
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Zip	5. Certificate of Status Desired <input type="checkbox"/>
Country	Country	\$8.75 Additional Fee Required
24	29	6. Election Campaign Financing <input type="checkbox"/>
25	30	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Mr. Samuel Alex - President 2288 Ashton Oaks Lane #203 Naples, FL 34109		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Samuel Alex DATE: 5/25/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P President		1.2 NAME	
NAME		1.3 STREET ADDRESS	
Samuel Alex		1.4 CITY-ST-ZIP	
STREET ADDRESS		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2288 Ashton Oaks Lane #203		2.2 NAME	
CITY-ST-ZIP		2.3 STREET ADDRESS	
Naples, FL 34109		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP/S		3.2 NAME	
NAME		3.3 STREET ADDRESS	
Richard Hendricks		3.4 CITY-ST-ZIP	
STREET ADDRESS		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2304 Ashton Oaks Lane #202		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
Naples, FL 34109		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D		5.2 NAME	
NAME		5.3 STREET ADDRESS	
Nancy Bolio		5.4 CITY-ST-ZIP	
STREET ADDRESS		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10236 Sioux Rd.		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
Richmond, VA 23235		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Samuel Alex DATE: 4/24/99 DAYTIME PHONE #: (941) 581-3206

CR2E037 (11/98)