


**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

9010-

<b>DOCUMENT # N97000002870</b>						05-03-2007 90055 007 ****61.25	
1. Entity Name <b>ASCOT PARK HOMEOWNER'S ASSOCIATION, INC.</b>							
Principal Place of Business <b>C/O WORLD OF HOMES 2884 S OSCEOLA AVE ORLANDO, FL 32806 US</b>			Mailing Address <b>C/O WORLD OF HOMES 2884 S OSCEOLA AVE ORLANDO, FL 32806 US</b>				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State			01272007 Chg-NP CR2E037 (12/06)	
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>FERDINADSEN ENTERPRISES, INC. 2884 S OSCEOLA AVE ORLANDO, FL 32806</b>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____							
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			<b>\$5.00 May Be Added to Fees</b>	
						<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HAMPSHIRE, KENNETH			NAME	Felipe Salazar		
STREET ADDRESS	2517 ASCOT CT			STREET ADDRESS	2512 Ascot Court		
CITY-ST-ZIP	KISSIMMEE, FL 34744			CITY-ST-ZIP	Kissimmee, FL 34744		
TITLE	VP	<input type="checkbox"/> Delete		TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAMPSHIRE, ROBERT			NAME	Treasurer		
STREET ADDRESS	2533 ASCOT CT			STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE, FL 34744			CITY-ST-ZIP			
TITLE	DS	<input checked="" type="checkbox"/> Delete		TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FREELIN, CAROL			NAME	Blanca Brown		
STREET ADDRESS	2529 ASCOT CT			STREET ADDRESS	2525 Ascot Court		
CITY-ST-ZIP	KISSIMMEE, FL 34744			CITY-ST-ZIP	Kissimmee, FL 34744		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____				Date: 4/30/2007			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			