## **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # N97000002870

1. Entity Name
ASCOT PARK HOMEOWNER'S ASSOCIATION, INC.



0111111111111

## **FILED** Mar 24, 2008 8:00 am Secretary of State

03-24-2008 90074 015 \*\*\*\*61.25

C/O WORLD OF HOMES 2884 S OSCEOLA AVE ORLANDO, FL 32806 US		C/O WORD OF HOMES 2884 S OSCEOLA AVE ORLANDO, FL 32806 US					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01072008 Chg-NP CR2E037 (12/06)			
City & State		City & State		4. FEI Number			
Zìp	Country	Zip	Country	5. Certificate of Sta		Fee Require	
6. Name and Address of Current Regist		Registered Agent	gent 7. Name and Address of New Registered Agent				
FERDINADSEN ENTERPRISES, INC. 2884 S OSCEOLA AVE ORLANDO, FL 32806					'n' Acceptable)		
			C:			FL	
	named entity submits this statement to tions of registered agent.	or the purpose of changing its re	egistered office or regist	tered agent, or both, in	the State of Florida.	<del></del>	ano accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature requi	red when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution.		5.00 May Be dded to Fees Florida Department of State		
	Due by may 1, 2008			Added to Fees			
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGE	1. 1		
TITLE	OFFICERS AND DI		11.		1. 1		
TITLE NAME	OFFICERS AND DI	RECTORS	11. TITLE NAME		S TO OFFICERS A	ND DIRECTORS IN	l 10
TITLE NAME STREET ADDRESS	OFFICERS AND DI P SALAZAR, FELIPE 2512 ASCOT COURT	RECTORS	11. TITLE NAME STREET ADDRESS		S TO OFFICERS A	ND DIRECTORS IN	l 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI P SALAZAR, FELIPE 2512 ASCOT COURT KISSIMMEE, FL 34744	RECTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP		S TO OFFICERS A	ND DIRECTORS IN	I 10
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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 truster 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:

*\$24~* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-344-8655