

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90051 041 ****70.00

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1. Entity Name

ASHLEY OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

2001 ASHLEY OAKS CIRCLE
SEBRING FL 33872

Mailing Address

2001 ASHLEY OAKS CIRCLE
SEBRING FL 33872



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0818506

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ASHLEY OAKS HOMEOWNERS ASSOC.
2001 ASHLEY OAKS CIRCLE
SEBRING FL 33872

7. Name and Address of New Registered Agent

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 reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE **P** **Don Dennis** ☐ Delete
NAME **RINALD, DAVID**
STREET ADDRESS **2006 ASHLEY OAKS CIR**
CITY-ST-ZIP **SEBRING FL 33872**

TITLE **T** ☐ Delete
NAME **BRAUN, F. RUDI**
STREET ADDRESS **2024 ASHLEY OAK CIR**
CITY-ST-ZIP **SEBRING FL 33872**

TITLE **V P** ☐ Delete
NAME **CROOKS, PHIL**
STREET ADDRESS **2008 ASHLEY OAKS CIRCLE**
CITY-ST-ZIP **SEBRING FL 33872**

TITLE **Secy** ☐ Delete
NAME **STEPHENSON, PEGGY**
STREET ADDRESS **3005 ASHLEY OAKS CIRCLE**
CITY-ST-ZIP **SEBRING FL 33872**

TITLE **SD** ☐ Delete
NAME **BEIDLER, DIANNE**
STREET ADDRESS **3003 ASHLEY OAKS CIRCLE**
CITY-ST-ZIP **SEBRING FL 33872**

TITLE **D** ☐ Delete
NAME **GILBERT, CLARA** **YVONNE KELLY**
STREET ADDRESS **2010 ASHLEY OAKS CIRCLE**
CITY-ST-ZIP **SEBRING FL 33872**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **DAVID RINALD**
STREET ADDRESS **2006 ASHLEY OAK**
CITY-ST-ZIP **SEBRING FL 33872**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 exemptions contained in Section 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:

Frank R. Braun Treas.

1-28-06

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385 481