

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001231

FILED
Apr 03, 2009
Secretary of State

Entity Name: ASHLEY OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2001 ASHLEY OAKS CIRCLE
SEBRING, FL 33872

New Principal Place of Business:

Current Mailing Address:

2001 ASHLEY OAKS CIRCLE
SEBRING, FL 33872

New Mailing Address:

FEI Number: 65-0818506

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DENNIS, DON
Address: 2026 ASHLEY OAKS CIR
City-St-Zip: SEBRING, FL 33872

Title: VP () Delete
Name: BRAUN, F. RUDI
Address: 2024 ASHLEY OAK CIR
City-St-Zip: SEBRING, FL 33872

Title: D () Delete
Name: CROOKS, JOYCE
Address: 2008 ASHLEY OAKS CIRCLE
City-St-Zip: SEBRING, FL 33872

Title: S () Delete
Name: STEPHENSON, PEGGY
Address: 3005 ASHLEY OAKS CIRCLE
City-St-Zip: SEBRING, FL 33872

Title: D () Delete
Name: HENRY, JAMES
Address: 2042 ASHLEY OAKS CIR
City-St-Zip: SEBRING, FL 33872

Title: T () Delete
Name: KELLY, YVONNE
Address: 2010 ASHLEY OAKS
City-St-Zip: SEBRING, FL 33872

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: BEEBE, MARILYN
Address: 2056 ASHLEY OAK CIR
City-St-Zip: SEBRING, FL 33872

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: DENNIS, CAROLYN
Address: 2026 ASHLEY OAKS
City-St-Zip: SEBRING, FL 33872

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON E. DENNIS

P

04/03/2009

Electronic Signature of Signing Officer or Director

Date