

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 27, 2002 8:00 am
Secretary of State

08-27-2002 90119 022 ****61.25

DOCUMENT # *19800001385*

1. Entity Name *Ashley Reserve Homeowner's Assoc Inc.*

DO NOT WRITE IN THIS SPACE

976826

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
c/o World of Homes
Suite, Apt. #, etc.
830 Palmway St.
City & State
Kissimmee, FL
Zip
34744 Country
USA

3. Mailing Address
c/o World of Homes
Suite, Apt. #, etc.
830 Palmway St.
City & State
Kissimmee, FL
Zip
34744 Country
USA

4. FEI Number
59-3499183

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Vicki Diaz
Street Address (P.O. Box Number is Not Acceptable)
c/o World of Homes
830 Palmway St.
City
Kissimmee FL Zip Code
34744

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.

SIGNATURE *Vicki Diaz* *Agent Vicki Diaz* *8/20/02*
Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when revisiting) DATE --

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>President, Director</i> <i>Richard Martin</i> <i>1503 Eagles Landing Ct.</i> <i>Kissimmee, FL 34744</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Treasurer, Director</i> <i>Ronald Menz</i> <i>1974 Hower Circle</i> <i>Kissimmee FL 34744</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Secretary, Director</i> <i>Lawrence Whetsel</i> <i>8303 Eagles Landing Way</i> <i>Kissimmee FL 34744</i>
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IN THIS SPACE**

12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Rick Martin* *Aug 20-02* *(407) 791-4266*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #