# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 07, 2008 8:00 am**
**Secretary of State**
01-07-2008 90043 001 ****61.25

DOCUMENT # N98000001385

1. Entity Name
ASHLEY RESERVE OWNER'S ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1501 EAGLES LANDING CT<br>KISSIMMEE, FL 34744 | 1501 EAGLES LANDING CT<br>KISSIMMEE, FL 34744 |

01032008 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 1501 Eagles Landing CT. | Ashley Reserve OA |
| Suite, Apt. #, etc. — | Suite, Apt. #, etc. P.O. Box 702135 |
| City & State: Kissimmee Fl | City & State: St. Cloud Fl |
| Zip: 34744 Country: Osceola | Zip: 34770-2135 Country: Osceola. |

4. FEI Number 59-3499183 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| R<br>KUCEK, PAUL A JR<br>1501 EAGLES LANDING CT<br>KISSIMMEE, FL 34744 | Name: KUREK, PAUL A. JR.<br>Street Address (P.O. Box Number is Not Acceptable): 1501 Eagles Landing Ct.<br>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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Paul A Kurek Jr. 1-3-08
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent's signature required when reinstating. DATE

**Filing Fee is $61.25**
**Due by May 1, 2008**

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>GOTAY, JOSE<br>2220 EAGLES LANDING WAY<br>KISSIMMEE, FL 34744 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Pres<br>Paul A. Kurek<br>1501 Eagles Landing Ct.<br>Kissimmee, Fl. 34744 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>CANNING, CONNIE<br>2218 EAGLES LANDING WAY<br>KISSIMMEE, FL 34744 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Vice-Pres<br>Ben Hardy<br>1505 Eagles Landing Ct.<br>Kissimmee, Fl. 34744 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S/T<br>Claudia Peakman<br>2226 Eagles Landing Way<br>Kissimmee Fl. 34744 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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** Paul A. Kurek JR. PAUL A. KUREK JR 1-3-08 407-288-3201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #