NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000002413

1. Corporation Name

ASHTON ROAD LAND CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

635 SOUTH ORANGE AVENUE #16 SARASOTA FL 34236

635 SOUTH ORANGE AVENUE #16 SARASOTA FL 34236

FILED Jul 09, 1999 8:00 am Secretary of State

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2. Principal Place of Business			2a. Mailing Address			3. Date Incorporated or Qualifed					
નો		26			_	04/27/19	98				
	Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. FEI Numbe	r	-	Ŀ	Applied For	
2		27								Not Applicable	
3	City & State	28	City & State			5. Certifcate of	of Status Desired			.75 Additional ee Required	
_	Zip Country	Ę	· —	intry		1	mpaign Financing			5.00 May Be dded to Fees	
4 25 29 30					Trust Fund Contribution Added to Fees 10. Name and Address of New Registered Agent						
Name and Address of Current Registered Agent						10. Name and	Address of New H	registered A	gent	_	
				81	Name						
RICHARDSON, ROBERT A 635 SOUTH ORANGE AVENUE #16					Street Address (P.O. Box Number is Not Acceptable)						
	SARASOTA FL 34236		83								
			84	4 City			FL	85	Zip Code		

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE		ALOTE: E		d when reinstation)	DATE		
	Signature, typed or printed name of registered agent and title if applic		Registered Agent signature require	ADDITIONS/CHANGES		D DIRECTOR	S IN 12
12.	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGES	TO OFF TOERS AN	Change	Addition
TITLE	PD	□ DELETE	1,1 TITLE			Cliaride	
NAME	RICHARDSON, ROBERT A		1.2 NAME				
STREET ADDRESS	635 SOUTH ORANGE AVENUE #16		1.3 STREET ADDRESS				ļ
CITY-ST-ZIP	SARASOTA FL 34236		1.4 CiTY-ST-ZIP				
TITLE	VD warran	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	TATUM, WILLIAM E		2.2 NAME				
STREET ADDRESS	635 SOUTH ORANGE AVENUE #16	-	2.3 STREET ADDRESS -	-		-	
CITY-ST-ZIP	SARASOTA FL 34236		2. 4 CITY-ST-ZIP				
TITLE	STD	☐ DELETE	3.1 TITLE			Change	Addition
VAME	TATUM, JOAN G		3.2 NAME				
STREET ADDRESS	635 SOUTH ORANGE AVENUE #16		3.3 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34236		3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TILE		☐ DELETE	5.1 TITLE			Change	Addition
AME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
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TITLE HE SHARE	TERRES MESS A	☐ DELETE	6.1 TITLE			Change	☐ Addition
	Die Wilder		6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
XTY-ST-ZIP			6.4 CITY-ST-ZIP				
14 I barabura	actify that the information cumplied with this filing of	lana not qualify for t	he evernation stated in	Section 119 07/3\/i\ Florida S	tatutes i further ceri	tify that the in	formation

I. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN TUPE OF PRIMED PRANTE OF SIGNING OFFICER OR DIRECTOR DELLE DESIGNING OFFICER OR DIRECTOR

K2EU3/ (11/98)