

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000002556

**FILED**  
**Jan 31, 2011**  
**Secretary of State**

**Entity Name:** ASHTON PINES OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5150 ASHTON PINES LN  
SARASOTA, FL 34231

**New Principal Place of Business:**

5132 ASHTON PINES LN  
SARASOTA, FL 34231

**Current Mailing Address:**

5150 ASHTON PINES LN  
SARASOTA, FL 34231

**New Mailing Address:**

5132 ASHTON PINES LN  
SARASOTA, FL 34231

**FEI Number:** 65-0767522

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LUCE, CAROLE S  
5150 ASHTON PINES LN  
SARASOTA, FL 34231 US

**Name and Address of New Registered Agent:**

PEMBER, CHERYL  
5132 ASHTON PINES LN  
SARASOTA, FL 34231 US

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: CHERYL PEMBER

01/31/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: PEMBER, CHERYL  
Address: 5132 ASHTON PINES LN  
City-St-Zip: SARASOTA, FL 34231

Title: D  
Name: OLSON, SCOTT  
Address: 2170 ROBIN HOOD ST  
City-St-Zip: SARASOTA, FL 34231

Title: D  
Name: LUCE, CAROLE  
Address: 5150 ASHTON PINES LN  
City-St-Zip: SARASOTA, FL 34231

I hereby 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 all other like empowered.

SIGNATURE: CHERYL PEMBER

D

01/31/2011

Electronic Signature of Signing Officer or Director

Date