

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004343

FILED
Apr 05, 2006
Secretary of State

Entity Name: ASHLEY COVE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-3535241

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
C/O SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 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: PD () Delete
Name: WHITE, TOM
Address: 1628 MARINE LAKE DR
City-St-Zip: KISSIMMEE, FL 34744

Title: VPD () Delete
Name: HOSTETLER, JULIE
Address: 1619 MARINE LAKE DR
City-St-Zip: KISSIMMEE, FL 34744

Title: SD () Delete
Name: CARR, MIKE
Address: 1651 MARINE LAKE DR
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BLAIR, MIKE
Address: 1624 MARINA LAKE DR
City-St-Zip: KISSIMMEE, FL 34744

Title: VPD (X) Change () Addition
Name: HOSTETLER, JULIE
Address: 1619 MARINA LAKE DR
City-St-Zip: KISSIMMEE, FL 34744

Title: SD (X) Change () Addition
Name: CARR, MIKE
Address: 1651 MARINA LAKE DR
City-St-Zip: KISSIMMEE, FL 34744

I hereby certify that the information supplied with this filing does not qualify for the 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: MIKE BLAIR

PD

04/05/2006

Electronic Signature of Signing Officer or Director

Date