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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000005262

1. Corporation Name
ASHLEY COVE OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
25 E. 17TH ST. ST. CLOUD FL 34769	25 E. 17TH ST. ST. CLOUD FL 34769

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26 c/o World of Homes	09/15/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 820 Palmway St.	4. FEI Number 59-3535241 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Kissimmee Fl	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 34744 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HARDING, ROBERT L 20 N. ORANGE AVE., STE. 1000 ORLANDO FL 32801	81 Name Vicki Diaz 82 Street Address (P.O. Box Number is Not Acceptable) c/o World of Homes 83 820 Palmway St. 84 City Kissimmee FL 85 Zip Code 34744

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 Vicki Diaz Vicki Diaz, agent 1-6-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GROSS, C. N. JR		1.2 NAME		
STREET ADDRESS	25 E. 17TH ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. CLOUD FL 34769		1.4 CITY-ST-ZIP		
TITLE	DPT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GROSS, C. N. III		2.2 NAME		
STREET ADDRESS	25 E. 17TH ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. CLOUD FL 34769		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	REESE, GLORIA		3.2 NAME		
STREET ADDRESS	25 E. 17TH ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. CLOUD FL 34769		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		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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: SIGNATURE REQUIRED 2/22/99 407/932-4511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #