

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000005280	
1. Entity Name ASHLEY GROVE HOMEOWNERS ASSOCIATION, INC.	
Principal Place of Business 5127 KENSINGTON HGH ST NAPLES, FL 34105 US	Mailing Address 5127 KENSINGTON HGH ST NAPLES, FL 34105 US



03022007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3575627	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GERUS, KENNETH J
5127 KENSINGTON HGH ST
NAPLES, FL 34105**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD	GERUS, KENNETH J
NAME	
STREET ADDRESS	5127 KENSINGTON HIGH STREET
CITY-ST-ZIP	NAPLES, FL 34105
TITLE VD	JARODSKY, LOUIS
NAME	
STREET ADDRESS	5125 KENSINGTON HIGH STREET
CITY-ST-ZIP	NAPLES, FL 34105
TITLE STD	FEDORYK, JOSEPH N
NAME	
STREET ADDRESS	5117 KENSINGTON HIGH STREET
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000725022
05/03/07-80005-019 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Kenneth J. Gerus **PRESIDENT** 4/18/07 239-659-0594
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

KENNETH J. GERUS