

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000000152

**Entity Name:** ASHINGTON NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

16402 TAMPA PALMS BOULEVARD  
TAMPA, FL 33647

**Current Mailing Address:**

16402 TAMPA PALMS BOULEVARD  
TAMPA, FL 33647

**FEI Number: 59-3635848**

**Certificate of Status Desired: No**

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

CONDOMINIUM ASSOCIATES  
16402 TAMPA PALMS BLVD  
TAMPA, FL 33647 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name DUNBAR, KEVIN  
Address 16402 TAMPA PALMS BOULEVARD  
City-State-Zip: TAMPA FL 33647

Title DIRECTOR  
Name VACANT  
Address 16402 TAMPA PALMS BOULEVARD  
City-State-Zip: TAMPA FL 33647

Title TD  
Name MURRIN, PATRICK  
Address 16402 TAMPA PALMS BOULEVARD  
City-State-Zip: TAMPA FL 33647

Title DIRECTOR  
Name ROSE, SCOTT  
Address 16402 TAMPA PALMS BOULEVARD  
City-State-Zip: TAMPA FL 33647

Title SECRETARY  
Name CAMPBELL, BEULAH  
Address 16402 TAMPA PALMS BOULEVARD  
City-State-Zip: TAMPA FL 33647

*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: KEVIN DUNBAR**

**PRESIDENT**

**02/09/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date