

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

DOCUMENT# N02000001352

**FILED**  
**Feb 09, 2017**  
**Secretary of State**  
**CC1363420266**

**Entity Name:** ASHINGTON ESTATES NEIGHBORHOOD ASSOCIATION, INC.  
\*\*\*\*\*SEE NOTE\*\*\*\*\*

**Current Principal Place of Business:**

16402 TAMPA PALMS BOULEVARD  
TAMPA, FL 33647

**Current Mailing Address:**

16402 TAMPA PALMS BOULEVARD  
TAMPA, FL 33647 US

**FEI Number: 01-0630284**

**Certificate of Status Desired: No**

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

BUSH ROSS  
1801 NORTH HIGHLAND AVE  
TAMPA, FL 33602 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:** ERIC APPLETON

02/09/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name MORRIS, CRAIG  
Address 16402 TAMPA PALMS BOULEVARD  
City-State-Zip: TAMPA FL 33647

Title TREASURER  
Name MURTHY, UDAY  
Address 16402 TAMPA PALMS BOULEVARD  
City-State-Zip: TAMPA FL 33647

Title PRESIDENT  
Name RICHARDSON, EDWARD  
Address 16402 TAMPA PALMS BOULEVARD  
City-State-Zip: TAMPA FL 33647

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

Title DIRECTOR  
Name WALLACE, KAREN  
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:** EDWARD RICHARDSON

PRESIDENT

02/09/2017

Electronic Signature of Signing Officer/Director Detail

Date