

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000012949

**FILED  
Jan 18, 2014  
Secretary of State  
CC5297895941**

**Entity Name:** ASHTON OAKS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

3600 GALILEO DR  
STE 104  
NEW PORT RICHEY, FL 34655

**Current Mailing Address:**

3600 GALILEO DR  
STE 104  
NEW PORT RICHEY, FL 34655

**FEI Number:** 20-8542817

**Certificate of Status Desired:** No

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

VITALE, JULIE O  
3600 GALILEO DR  
STE 104  
NEW PORT RICHEY, FL 34655 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 VITALE, JULIE O  
Address 3600 GALILEO DR STE 104  
City-State-Zip: NEW PORT RICHEY FL 34655

Title STD  
Name ORSI, MICHELLE  
Address 3600 GALILEO DR STE 104  
City-State-Zip: NEW PORT RICHEY FL 34655

Title VD  
Name ORSI, JENNIFER  
Address 3600 GALILEO DR STE 104  
City-State-Zip: NEW PORT RICHEY FL 34655

*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:** JULIE VITALE

**PRESIDENT**

**01/18/2014**

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

\_\_\_\_\_  
Date