

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004295

Entity Name: AYLESFORD HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**FRANKLY COASTAL PROPERTY MGMT, LLC
P.O. BOX 1294
TARPON SPRINGS, FL 34688**Current Mailing Address:**FRANKLY COASTAL PROPERTY MGMT, LLC
P.O. BOX 1294
TARPON SPRINGS, FL 34688 US**FEI Number:** 59-3275976**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FRANKLY COASTAL PROPERTY MGMT, LLC
1400 LAKE TARPON AVE
TARPON SPRINGS, FL 34688 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:** LYNN M PARRISH

04/29/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name HOUT, PATRICK
Address FRANKLY COASTAL PROPERTY
MGMT, LLC
P.O. BOX 1294
City-State-Zip: TARPON SPRINGS FL 34688

Title PRESIDENT
Name FITZGERALD, GEORGE
Address FRANKLY COASTAL PROPERTY
MGMT, LLC
P.O. BOX 1294
City-State-Zip: TARPON SPRINGS FL 34688

Title TREASURER
Name DESAI, JIGISH
Address FRANKLY COASTAL PROPERTY
MGMT, LLC
P.O. BOX 1294
City-State-Zip: TARPON SPRINGS FL 34688

Title VP
Name O'NEIL, COLIN
Address FRANKLY COASTAL PROPERTY
MGMT, LLC
P.O. BOX 1294
City-State-Zip: TARPON SPRINGS FL 34688

Title SECRETARY
Name ALLEN, MICHAEL
Address FRANKLY COASTAL PROPERTY
MGMT, LLC
P.O. BOX 1294
City-State-Zip: TARPON SPRINGS FL 34688

Title DIRECTOR
Name CLARK, ALISON
Address FRANKLY COASTAL PROPERTY
MGMT, LLC
P.O. BOX 1294
City-State-Zip: TARPON SPRINGS FL 34688

Title DIRECTOR
Name HORAK, CHARLES
Address FRANKLY COASTAL PROPERTY
MGMT, LLC
P.O. BOX 1294
City-State-Zip: TARPON SPRINGS FL 34688

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: GEORGE FITZGERALD

PRESIDENT

04/29/2024

Electronic Signature of Signing Officer/Director Detail

Date