2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2025
Secretary of State
3828449512CC

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 04/30/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR	Title	PRESIDENT
Name	HOUT, PATRICK	Name	FITZGERALD, GEORGE
Address	FRANKLY COASTAL PROPERTY MGMT, LLC P.O. BOX 1294	Address	FRANKLY COASTAL PROPERTY MGMT, LLC P.O. BOX 1294
City-State-Zip:	TARPON SPRINGS FL 34688	City-State-Zip:	TARPON SPRINGS FL 34688
Title	TREASURER	Title	VP
Name	DESAI, JIGISH	Name	O'NEIL, COLIN
Address	FRANKLY COASTAL PROPERTY MGMT, LLC P.O. BOX 1294	Address	FRANKLY COASTAL PROPERTY MGMT, LLC P.O. BOX 1294
City-State-Zip:	TARPON SPRINGS FL 34688	City-State-Zip:	TARPON SPRINGS FL 34688
Title	SECRETARY	Title	DIRECTOR
Name	ALLEN, MICHAEL	Name	CLARK, ALISON
Address	FRANKLY COASTAL PROPERTY MGMT, LLC P.O. BOX 1294	Address	FRANKLY COASTAL PROPERTY MGMT, LLC P.O. BOX 1294
City-State-Zip:	TARPON SPRINGS FL 34688	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: MICHAEL ALLEN SECRETARY 04/30/2025

Electronic Signature of Signing Officer/Director Detail — Date