

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002909

Entity Name: ASHLEY DOWNS HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**C/O BAY MANAGEMENT INC
2445 TAMPA ROAD SUITE B
PALM HARBOR, FL 34683**Current Mailing Address:**C/O BAY MANAGEMENT INC
2445 TAMPA ROAD SUITE B
PALM HARBOR, FL 34683 US**FEI Number:** 59-3384774**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SIEG, WALTER R JR.
C/O BAY MANAGEMENT INC
2445 TAMPA ROAD SUITE B
PALM HARBOR, FL 34683 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:** WALTER R SIEG JR

04/11/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name CARNEIRO, FELIPE
Address C/O BAY MANAGEMENT INC
2445 TAMPA ROAD SUITE B
City-State-Zip: PALM HARBOR FL 34683

Title VPD
Name LEVASSUER, ROGER
Address C/O BAY MANAGEMENT INC
2445 TAMPA ROAD SUITE B
City-State-Zip: PALM HARBOR FL 34683

Title TD
Name FAUCHER, CAROLE
Address C/O BAY MANAGEMENT INC
2445 TAMPA ROAD SUITE B
City-State-Zip: PALM HARBOR FL 34683

Title DIRECTOR
Name TAYLOR, JULIE
Address C/O BAY MANAGEMENT INC
2445 TAMPA ROAD SUITE B
City-State-Zip: PALM HARBOR FL 34683

Title SD
Name BRENDA, SHABEL
Address C/O BAY MANAGEMENT INC
2445 TAMPA ROAD SUITE B
City-State-Zip: PALM HARBOR FL 34683

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: FELIPE CARNEIRO

PRESIDENT

04/11/2019

Electronic Signature of Signing Officer/Director Detail

Date