

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 29, 2004  
Secretary of State**

DOCUMENT# N03000005332

Entity Name: ASHTON WOODS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

508-A CAPITAL CIRCLE S.E.  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

431 WAVERLY ROAD  
TALLAHASSEE, FL 32312

**Current Mailing Address:**

508-A CAPITAL CIRCLE S.E.  
TALLAHASSEE, FL 32301

**New Mailing Address:**

431 WAVERLY ROAD  
TALLAHASSEE, FL 32312

FEI Number: 86-1090954

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

THOMPSON, SUSAN S  
3520 THOMASVILLE ROAD, 4TH FLOOR  
TALLAHASSEE, FL 32308 US

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

ISAACS, DAN L  
431 WAVERLY ROAD  
TALLAHASSEE, FL 32312 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: DAN LEE ISAACS

04/29/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: TURNER, DOUGLAS E  
Address: 508-A CAPITAL CIRCLE S.E.  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete  
Name: SAXON, FRED  
Address: 508-A CAPITAL CIRCLE S.E.  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete  
Name: O'REILLY, JOHN  
Address: 508-A CAPITAL CIRCLE S.E.  
City-St-Zip: TALLAHASSEE, FL 32301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: JACOBS, SUNSHINE A  
Address: 2457 LAURELWOOD COURT  
City-St-Zip: TALLAHASSEE, FL 32308

Title: DVP (X) Change ( ) Addition  
Name: SGAN, MEGAN  
Address: 2466 LAURELWOOD COURT  
City-St-Zip: TALLAHASSEE, FL 32308

Title: DST (X) Change ( ) Addition  
Name: MCCARLEY, ANDREW J  
Address: 2486 LAURELWOOD COURT  
City-St-Zip: TALLAHASSEE, FL 32312

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SUNSHINE JACOBS

PRES

04/29/2004

Electronic Signature of Signing Officer or Director

Date