

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005332

FILED
Apr 27, 2008
Secretary of State

Entity Name: ASHTON WOODS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

431 WAVERLY ROAD
TALLAHASSEE, FL 32312

New Principal Place of Business:

528 E. PARK AVENUE
TALLAHASSEE, FL 32301

Current Mailing Address:

431 WAVERLY ROAD
TALLAHASSEE, FL 32312

New Mailing Address:

528 E. PARK AVENUE
TALLAHASSEE, FL 32301

FEI Number: 86-1090954

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISAACS, DAN L
431 WAVERLY ROAD
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

ISAACS, DAN L
528 E. PARK AVENUE
TALLAHASSEE, FL 32301 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:

04/27/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: DST () Delete
Name: TINDALL, BONNIE
Address: 2764 LAURELWOOD LANE
City-St-Zip: TALLAHASSEE, FL 32308

Title: DVP () Delete
Name: BROWN, BOBBY
Address: 2474 LAURELWOOD LANE
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

DP

04/27/2008

Electronic Signature of Signing Officer or Director

Date