2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001880

FILED Mar 17, 2009 Secretary of State

Entity Name: RANCH CLUB AT ASHTON OAKS OWNERS ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 9907 KINGS CROSSING DRIVE 9987 PRESERVES WAY JACKSONVILLE, FL 32219 JACKSONVILLE, FL 32219 **Current Mailing Address: New Mailing Address:** 9907 KINGS CROSSING DRIVE 9987 PRESERVES WAY JACKSONVILLE, FL 32219 JACKSONVILLE, FL 32219 FEI Number: 26-1099290 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: CLAYTON, TERRY CLAYTON, TERRY 9907 KINGS CROSSING DRIVE 9987 PRESERVES WAY JACKSONVILLE, FL 32219 JACKSONVILLE, FL 32219 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: 03/17/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PSTD () Delete () Change () Addition MACALPINE, WILLIAM Name: Name: 325 CORPORATE DRIVE, SUITE 100 Address: Address: City-St-Zip: PORTSMOUTH, NH 03801 City-St-Zip: Title: VD Title: PD (X) Change () Addition () Delete Name: FORBES, CHRISTOPHER Name: CLAYTON, TERRY Address: P.O. BOX 1500 Address: 9987 PRESERVES WAY City-St-Zip: WOODVILLE, FL 32362 City-St-Zip: JACKSONVILLE, FL 32219 Title: PD (X) Delete Title: () Change () Addition FORBES, JEFFRY Name: Name: 1724 DEL HAVEN DRIVE Address: Address: City-St-Zip: DELRAY BEACH, FL 33483 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: WILLIAM MACALPINE PSTD 03/17/2009