

2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000008872

FILED
Jun 07, 2011
Secretary of State

Entity Name: ASHLEY OAKS OF ST. JOHNS COUNTY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1914 ART MUSEUM DR.
JACKSONVILLE, FL 32207

New Principal Place of Business:

3563 PHILIPS HIGHWAY
SUITE 601E
JACKSONVILLE, FL 32207

Current Mailing Address:

1914 ART MUSEUM DR.
JACKSONVILLE, FL 32207

New Mailing Address:

3563 PHILIPS HIGHWAY
SUITE 601E
JACKSONVILLE, FL 32207

FEI Number: 26-0884728

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RITTER, LEWIS L IV
1914 ART MUSEUM DR.
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

WICKER, SARAH
225 WATER STREET, 3RD FLOOR
JACKSONVILLE, FL 32202 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: SARAH WICKER

06/07/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: WICKER, SARAH
Address: 225 WATER STREET, 3RD FLOOR
City-St-Zip: JACKSONVILLE, FL 32202

Title: D
Name: TANT, JILL M
Address: 225 WATER STREET, 3RD FLOOR
City-St-Zip: JACKSONVILLE, FL 32202

Title: D
Name: MOORE, SUSAN
Address: 225 WATER STREET, 3RD FLOOR
City-St-Zip: JACKSONVILLE, FL 32202

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: SARAH WICKER

D

06/07/2011

Electronic Signature of Signing Officer or Director

Date