## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Jan 23, 2001 8:00 am Secretary of State DOCUMENT # N93000004183 1. Entity Name ASHFORD HOMEOWNERS' ASSOCIATION, INC. 01-23-2001 90079 014 \*\*\*\*70 00 Principal Place of Business Mailing Address 628 WHITFIELD RD 628 WHITFIELD RD JACKSONVILLE FL 32221 JACKSONVILLE FL 32221 1 10 th 18 12. 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3231623 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BERGER, WILLIAM 628 WHITFIELD RD JACKSONVILLE FL 32221 Zip Code FL 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) The second second The come of the first 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be **FEE IS \$61.25** Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DP TITLE ☐ Delete TITLE Change ☐ Addition BERGER, William NAME BERGER, WILLIAM NAME 628 WHITHEO RD STREET ADDRESS 628 WHITFIELD RD STREET ADDRESS CiTY-ST-ZIP JACKSONVILLE FL 32221 CITY-ST-ZIP JAX, FC, 32221 TITLE Delete TITLE DP ☐ Change Addition JUSTOEDS, CORY ARMSTRONG, WILLIAM NAME NAME 575 BILLINGSGATE CH E STREET ADDRESS 620 WHITFIELD RD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32221 CITY-ST-ZIP 5AX PL 32221 D۷ TITLE ☐ Delete TITLE ☐ Change ☐ Addition JEFFERSON, BRIAN N NAME NAME STREET ADDRESS 619 WHITFIELD ROAD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32221 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME WOHL, CRAIG NAME STREET ADDRESS 9323 BILLINGSGATE LANE SOUTH STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32221 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition WINDORSKI, KATHERINE NAME NAME STREET ADDRESS 612 WHITFIELD ROAD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32221 CITY-ST-ZIP TITLE Delete TITLE Addition NAME MONTGOMERY, PAULINE NAME STREET ADDRESS 640 LONDON MORNING CT STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE FL 32221

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.