2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90041 007 ****61.25

DOCUMENT # N93000004183

1. Entity Name
ASHFORD HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
628 WHITFIELD RD JACKSONVILLE FL 32221 US	628 WHITFIELD RD JACKSONVILLE FL 32221 US

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3231623 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BERGER, WILLIAM 628 WHITFIELD RD JACKSONVILLE FL 32221	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE William Berger William BERGER 1/4/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BERGER, WILLIAM 628 WHITFIELD RD JACKSONVILLE FL 32221	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Tomlin, CES 9823 Billingsgate LN S. JAX, FL 32221	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JEFFORDS, CORY 575 BILLINGSGATE LN E. JACKSONVILLE FL 32221	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Frantz, Robin 591 Billingsgate Ln E. JAX, FL 32221	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV JEFFERSON, BRIAN N 619 WHITFIELD ROAD JACKSONVILLE FL 32221	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BERGER, WILLIAM 628N WHITEHEAD RD JACKSONVILLE FL 32221	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/S/D BERGER, William 628 WHITFIELD RD JAX, FL 32221	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/T WINDORSKI, KATHERINE 612 WHITFIELD ROAD JACKSONVILLE FL 32221	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MONTGOMERY, PAULINE 640 LONDON MORNING CT JACKSONVILLE FL 32221	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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.

SIGNATURE: William Berger William BERGER 2/6/03 904 783 0408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MAY BE REQUIRED