FILED
Apr 15, 2003 8:00 am
Secretary of State
04-15-2003 90112 040 ****61.25

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PAID APR 09 2003

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

DOCUMENT # N95000004474

1. Entity Name
ASHFORD GLEN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
431 WAVERLY ROAD TALLAHASSEE, FL 32312 US	431 WAVERLY ROAD TALLAHASSEE, FL 32312 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1875 Miccosukee Commons Dr.	PO BOX 14019
Suite, Apt. #, etc. Suite 104	Suite, Apt. #, etc.
City & State Tallahassee FL	City & State Tallahassee FL
Zip 32308 Country USA	Zip 32317 Country USA

4. FEI Number 59-3357321 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ISAACS, DAN LEE
431 WAVERLY ROAD
TALLAHASSEE, FL 32312

7. Name and Address of New Registered Agent

Name Tracy Segal
Street Address (P.O. Box Number is Not Acceptable) 1875 Miccosukee Commons Dr.
Suite 104
City Tallahassee FL Zip Code 32308

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 Tracy Segal Tracy Segal 4-10-03
(Signature, typed or printed name of individual agent and title if applicable) (If new 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	D ROSS, JANEY 250 GLENBROOK COURT TALLAHASSEE, FL 32311	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEWART, CHERYL 9775 WYNTREE TALLAHASSEE, FL 32311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BLAKELY, CANDACE 143 PENDLETON AVENUE TALLAHASSEE, FL 32311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP WARNER, JOHN 246 GLENBROOK TALLAHASSEE, FL 32311	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Summer Pfeiffer 9783 Wyntree Tallahassee, FL 32311	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 Summer Pfeiffer Summer Pfeiffer 4/14/03 385-0094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #