

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005262 (9)

1. Corporation Name
ASHTON-BRIGHTON HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business	Mailing Address
3020 HARTLEY ROAD SUITE 200 JACKSONVILLE FL 32257	3020 HARTLEY ROAD SUITE 200 JACKSONVILLE FL 32257

3. Date Incorporated or Qualified 11/03/1995	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 2215 EAST STATE ROAD 200 Suite, Apt. #, etc.	26 P O BOX 1987 Suite, Apt. #, etc.	59-3338605	Not Applicable
22 City & State YULEE FL	27 City & State YULEE FL	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 32097	25 Country US	29 Zip 32097-1987	30 Country US
6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BEARD, WIRT A JR 3020 HARTLEY ROAD SUITE 200 JACKSONVILLE FL 32257	81 Name TERRELL J. POWELL 82 Street Address (P.O. Box Number is Not Acceptable) 2215 EAST STATE ROAD 200 83 84 City YULEE FL 85 Zip Code 32097

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Terrell J. Powell* DATE: **2 Feb 96**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEARD, WIRT A JR	1.2 NAME	
STREET ADDRESS	3020 HARTLEY ROAD, SUITE 200	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATOVINA, GREGORY E	2.2 NAME	
STREET ADDRESS	2955 HARTLEY ROAD, SUITE 106A	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWELL, WILLIAM R II	3.2 NAME	
STREET ADDRESS	2955 HARTLEY ROAD, SUITE 106A	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra B. Morham* DATE: **2/3/96** DAYTIME PHONE #: **904-292-0778**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)