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FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000005262 (9)
 1. Corporation Name
ASHTON-BRIGHTON HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 2215 EAST STATE RD. 200 YULEE FL 32097 US	Mailing Address P O BOX 1987 YULEE FL 32041-1987
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3. Date Incorporated or Qualified 11/03/1995	
4. FEI Number 59-3338605	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip	26. Country
27. Zip	28. Country

9. Name and Address of Current Registered Agent

**POWELL, TERRELL J
 2215 EAST STATE ROAD 200
 YULEE FL 32097**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BEARD, WIRT A JR	
STREET ADDRESS	3020 HARTLEY ROAD, SUITE 200	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	MATOVINA, GREGORY E	
STREET ADDRESS	2955 HARTLEY ROAD, SUITE 106A	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HOWELL, WILLIAM R II	
STREET ADDRESS	2955 HARTLEY ROAD, SUITE 106A	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FUZZELL, DOUGLAS	
1.3 STREET ADDRESS	1712 PICKWICK PLACE	
1.4 CITY-ST-ZIP	ORANGE PARK FL 32073	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HANNING, SANDY	
2.3 STREET ADDRESS	1523 WHITEHALL LANE	
2.4 CITY-ST-ZIP	ORANGE PARK FL 32073	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	FLETCHER, RANDAL	
3.3 STREET ADDRESS	1578 WINSTON LANE	
3.4 CITY-ST-ZIP	ORANGE PARK FL 32073	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WILLIAMS, DERRICK	
4.3 STREET ADDRESS	1522 WHITEHALL LANE	
4.4 CITY-ST-ZIP	ORANGE PARK FL 32073	
5.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MCGRATH, GEORGE	
5.3 STREET ADDRESS	1508 WINSTON LANE	
5.4 CITY-ST-ZIP	ORANGE PARK FL 32073	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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: Douglas K. Fuzzell 3/29/98 (904) 858-4067
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE # 0000450
 DOUGLAS FUZZELL

CR2E037 (10/97)