

FILE NOW: FILING FEE IS \$61.25

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
--	---	---

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		3. Date Incorporated or Qualified 11/03/1995	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-3338605	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For <input type="checkbox"/> Not Applicable	
City & State 22		City & State 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 23		Zip 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 24		Country 29		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	
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BEARD, WIRT A JR			1.2 NAME	FUZZELL, DOUGLAS		
STREET ADDRESS	3020 HARTLEY ROAD, SUITE 200			1.3 STREET ADDRESS	1712 PICKWICK PLACE		
CITY-ST-ZIP	JACKSONVILLE FL 32257			1.4 CITY-ST-ZIP	ORANGE PARK FL 32073		
TITLE	STD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MATOVINA, GREGORY E			2.2 NAME	HANNING, SANDY		
STREET ADDRESS	2955 HARTLEY ROAD, SUITE 106A			2.3 STREET ADDRESS	1523 WHITEHALL LANE		
CITY-ST-ZIP	JACKSONVILLE FL 32257			2.4 CITY-ST-ZIP	ORANGE PARK FL 32073		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HOWELL, WILLIAM R II			3.2 NAME	FLETCHER, RANDAL		
STREET ADDRESS	2955 HARTLEY ROAD, SUITE 106A			3.3 STREET ADDRESS	1578 WINSTON LANE		
CITY-ST-ZIP	JACKSONVILLE FL 32257			3.4 CITY-ST-ZIP	ORANGE PARK FL 32073		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				4.2 NAME	WILLIAMS, DERRICK		
STREET ADDRESS				4.3 STREET ADDRESS	1522 WHITEHALL LANE		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	ORANGE PARK FL 32073		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				5.2 NAME	MCGRATH, GEORGE		
STREET ADDRESS				5.3 STREET ADDRESS	1508 WINSTON LANE		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	ORANGE PARK FL 32073		
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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DOUGLAS FUZZELL

3/29/98
Date

(904) 858-4067
Daytime Phone # 0000450

CR2E037 (10/97)