Applied For

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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9500005262

1. Corporation Name

ASHTON-BRIGHTON HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business										
2215 EAST STATE RD. 200										
YULEE FL 32097										
US										

2. Principa Place of Business

Suite, Apt. #, etc.

Mailing Address P O BOX 1987

YULEE FL 32041-1987

2a. Mailing Address

Suite, Apt. #, etc.

FILED Apr 29, 1999 8:00 am § Secretary of State

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3. Date Incorporated or Qualifed

11/03/1995 4. FEI Number

an Suite, Apr.	r, etc.	outs, r.pt. II, old.				59- 3338605			Not	Applicable
City & S at		27 City & State					_==	· _	\$8.75 A	
23	5	28				5. Certif	5. Certificate of Status Desired			uired
Zip	Country	Zip	Cour	ntry		6. Electi	ion Campaign Financir	na _	\$5.00	May Be
24	25	29	30	•		Trust Fund Contribution			Added to	
	9. Name and Address of Current		, <u>, , , , , , , , , , , , , , , , , , </u>			10. Nam	e and Address of New	w Registere	l Agent	
				81	Name					
POWELL, TERRELL J 2215 EAST STATE ROAD 200 YULEE FL 32097					01	Add (D.O. B.	Alumbaria Not Assa	ntable)	· · · · · · · · · · · · · · · · · · ·	
					Street	Mudless (P.O. Bo	ox Number is Not Acce	ptable)		
]as 7:- 0	
			ł	84	City			FI	85 Zip C	000
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508. Florida Statu	ies, the at	ove	-named	corporation subn	nits this statement for t	ne purpose	of changing its r	∍gistered
office or r	egistered agent, or both, in the State of	Florida. Such change was a	authorized	by t	he corpo	oration's board of	f directors. I hereby ac	cept the appo	ointment as reg	istered
-	m familiar with, and accept the obligation	ins oi, section 617.0503, Fi	onda Statt	11 8 5.						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOT	E: Registered	Agent	signature re	equired when reinstatin	g)	DATE		
12.	OFFICERS AND		13.				ICNS/CHANGES TO	OFFICERS /	ND DIRECTOR	S IN 12
TITLE	PD	☐ DELETE	1.1 111	LE	\neg				☐ Change	Addition
NAME	FUZZELL, DOUGLAS		1.2 NA	ME						
STREET ADORESS	1712 PICKWICK PLACE		1.3 ST	REET	ADDRESS					
CITY-ST-ZIP	ORANGE PARK FL 32073	3			-ZIP					
TITLE	VD	DELETE	2.1 TIT			-			Change	☐ Addition
NAME	HANNING, SANDY		2.2 NA	ME	ì					1
STREET ADDRESS	1523 WHITEHALL LANE	235		REET	ADDRESS					
CITY-ST-ZIP	ORANGE PARK FL 32073		2.4 CI	TY-ST	r-zip					
TITLE	TD	☐ DELETE	3.1 TIT						Change	Addition
NAME	FLETCHER, RANDAL		3.2 NA	ME		D				
STREET ADDRESS	1578 WINSTON LANE		3 3 ST	REET.	ADDRESS					
CITY-ST-ZIP	ORANGE PARK FL 32073		3.4. CI		j					
TITLE	SD SD	☑ DELETE	4.1 TIT						☐ Change	Addition
NAME	WILLIAMS, DERRICK		4.2 N	ME						
STREET ADDRESS	1522 WHITEHALL LANE		4.3 ST	REET.	ADDRESS					
CITY-ST-ZIP	ORANGE PARK FL 32073		4.4 CIT	Y-ST	-ZIP					
TITLE	VD	☐ DELETE	5.1 TIT					,	Change	Addition
NAME	MCGRATH, GEORGE		5.2 NA	ME						
STREET ADORESS	1508 WINSTON LANE		5.3 ST	REET.	ADORESS					
CITY-ST-ZIP	ORANGE PARK FL 32073		5.4 CIT	Y-ST	- ZIP					
TITLE		[] DELETE	6.1 TIT	LE					☐ Change	☐ Addition
NAME			6.2 NA	ME						
STREET ADDRESS.			6.3 ST	REET.	ADDRESS					
CITY-ST-ZIP			6.4 Cf1	Y-ST	-ZiP					
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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 one in attachment with an address, with all other like empowered.

SIGNATURE: