

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90118 021 ****61.25

DOCUMENT # N95000005262			
1. Entity Name ASHTON-BRIGHTON HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 9889-1 SAN JOSE BLVD. JACKSONVILLE, FL 32257 US		Mailing Address 9889-1 SAN JOSE BLVD. JACKSONVILLE, FL 32257 US	
2. Principal Place of Business 4003 Hartley Road Suite, Apt. #, etc.		3. Mailing Address 4003 Hartley Road Suite, Apt. #, etc.	
City & State Jacksonville, FL Zip 32257 Country USA		City & State Jacksonville, FL Zip 32257 Country USA	
4. FEI Number 59-3338605		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04152004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent CANTRELL, BRYAN SIGNATURE REALTY & MANAGEMENT, INC. 4003 HARTLEY ROAD JACKSONVILLE, FL 32257		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 40%; text-align: right;"> DATE <u>4/29/04</u> </div> </div>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution... <input type="checkbox"/> \$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 VD NAME HAHN, RALPH STREET ADDRESS 1482 WINSTON LN CITY-ST-ZIP ORANGE PARK, FL	<input type="checkbox"/> Delete	TITLE VD NAME Roger Anderson STREET ADDRESS 1514 Whitehall Lane CITY-ST-ZIP Orange Park, FL 32003	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME WILSON, SHERRI STREET ADDRESS 1665 DOVER LN CITY-ST-ZIP ORANGE PARK, FL 32003	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME GALLUZZI, DONALD STREET ADDRESS 1536 WHITEHALL LN CITY-ST-ZIP ORANGE PARK, FL 32003	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME HOLMES, JAMES STREET ADDRESS 1696 TRAFALGAR CT CITY-ST-ZIP ORANGE PARK, FL 32003	<input checked="" type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME SHALLAR, WALTER STREET ADDRESS 1663 HAMPTON PLACE CITY-ST-ZIP ORANGE PARK, FL 32003	<input checked="" type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, without other like empowerment.			
SIGNATURE: <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>20 APR 2004</u> Daytime Phone # <u>904-215-7792</u>	

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