FILED Mar 30, 2006 8:00 am Secretary of State 03-30-2006 90034 050 ****61.25

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000005262 1. Entity Name ASHTON-BRIGHTON HOMEOWNERS ASSOCIATION, INC.									90034 05	0 ****61	1.25	
4003 HARTLEY RD. 400			iiling Address 003 HARTLEY RD. CKSONVILLE, FL 32257 US			20022925						
9 Principal P	Hasa of Business	2 140	ling Addrson									
2. Principal Place of Business		3. IVIdi	3. Mailing Address					 				
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.				03032006	Chg-NP		CR2E03	7 (11/05)	
City & State		Ci	City & State				4. FEI Number 59-3338	605			1 	oplied For ot Applicable
Zip	Zip Country		Zip Cou		ntry	5. Certificate of S		of Status De	sired		\$8.75 Add Fee Require	
	6. Name and Address of Curr	ent Registere	ed Agent				7. Name and	Address of	New R	egistered A	gent	<u> </u>
CANTRELL, BRYAN SIGNATURE REALTY & MANAGEMENT, INC. 4003 HARTLEY ROAD					Name							
					Street A	ddress (F	P.O. Box Numbe	r is Not Acc	eptable	e) 		
JACKSON	VILLE, FL 32257				A						1	
					City					FL	Zip Cod	
8. The above the obligat	named entity submits this statement tions of registered agent.	nt for the purp	oose of changing its	registere	ed office or	registere	ed agent, or both	n, in the Stat	te of Flo	orida. I am I	amiliar with,	and accept
SIGNATURE .												
SIGNATURE.	Signature, typed or printed name of registered a	pent and title if app	plicable. (NOTE	Recustered	Agent signati	ve required	when reinstating)			DATE		
		•				J. 0 . 0 . 0 . 0 . 0 . 0	an io rical outs (ang)			J		ł
	Filing Fee is \$61.25 Due by May 1, 2006		9. Election Cam Trust Fund C	npaign F	inancing		\$5.00 May Be	•		ake check	payable to	
10.	Due by May 1, 2006 OFFICERS AND		9. Election Cam Trust Fund C	npaign F	inancing		\$5.00 May Be Added to Fees DDITIONS/CHA		Flor	ake check ida Depar	ment of S	tate
10.	OFFICERS AND		9. Election Cam Trust Fund C	npaign F Contributi	inancing on.	PRES	\$5.00 May Be Added to Fees DDITIONS/CHA	INGES TO C	Flor	ake check ida Depari RS AND DIF	ment of S	tate
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response on the regiment of supported regions to support as roughly an 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, with all other like empowered.

SIGNATURE:

Liver SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3/16/06

(904)-955-9844