

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005262

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: ASHTON-BRIGHTON HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

7600 ARLINGTON EXPRESSWAY  
JACKSONVILLE, FL 32211 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 50886  
JACKSONVILLE, FL 32211

**New Mailing Address:**

P. O. BOX 50886  
JACKSONVILLE, FL 32211

FEI Number: 59-3338605

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RIVER CITY MANAGEMENT SERVICES  
7600 ARLINGTON EXPRESSWAY  
JACKSONVILLE, FL 32211 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: FULLER, SCOTT  
Address: 1664 DOVER LANE  
City-St-Zip: ORANGE PARK, FL 32003 US

Title: DT ( ) Delete  
Name: GALLUZZI, DONALD  
Address: 1536 WHITEHALL LANE  
City-St-Zip: ORANGE PARK, FL 32003

Title: DS ( ) Delete  
Name: BEISKER, CARLA  
Address: 1727 PICKWICK PLACE  
City-St-Zip: ORANGE PARK, FL 32003 US

Title: D ( ) Delete  
Name: WILSON, SHERRI  
Address: 1665 DOVER LANE  
City-St-Zip: ORANGE PARK, FL 32003 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: FLAKE, RICHARD  
Address: 1566 WINSTON LANE  
City-St-Zip: FLEMING ISLAND, FL 32003 US

Title: DT (X) Change ( ) Addition  
Name: GALLUZZI, DONALD  
Address: 1536 WHITEHALL LANE  
City-St-Zip: FLEMING ISLAND, FL 32003

Title: P (X) Change ( ) Addition  
Name: BEISKER, CARLA  
Address: 1727 PICKWICK PLACE  
City-St-Zip: FLEMING ISLAND, FL 32003 US

Title: S (X) Change ( ) Addition  
Name: WILSON, SHERRI  
Address: 1665 DOVER LANE  
City-St-Zip: FLEMING ISLAND, FL 32003 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STHOMPSON

RA

03/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date