

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90045 039 ****61.25

DOCUMENT # N95000005262

1. Entity Name

ASHTON-BRIGHTON HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2215 EAST STATE RD. 200
YULEE FL 32097
US**

**P O BOX 1987
YULEE FL 32041-1987**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3338605

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POWELL, TERRELL J
2215 EAST STATE ROAD 200
YULEE FL 32097**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete
NAME **HAHN, CHRIS**
STREET ADDRESS **1482 WINSTON LN**
CITY-ST-ZIP **ORANGE PARK FL**

TITLE **PD** ☒ Delete
NAME **FLETCHER, RANDAL**
STREET ADDRESS **1578 WINSTON LANE**
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **VD** ☐ Delete
NAME **GALLUZZI, DONALD**
STREET ADDRESS **1536 WHITEHALL LN**
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **SD** ☒ Delete
NAME **MATTHEWS, LOUIS**
STREET ADDRESS **1451 WINSTON LANE**
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **TD** ☐ Delete
NAME **HOLMES, JAMES**
STREET ADDRESS **1696 TRAFALGAR CT**
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **HAHN, RALPH**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **FAROQI, MOE**
STREET ADDRESS **1676 TRAFALGAR CT**
CITY-ST-ZIP **ORANGE PARK FL 32003**

TITLE ☒ Change ☐ Addition
NAME **PD**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **SD**
STREET ADDRESS **GREEN, APRIL**
CITY-ST-ZIP **1750 PICKWICK PLACE**
ORANGE PARK FL 32003

TITLE ☒ Change ☐ Addition
NAME **VD**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED MOE FAROQI

04-12-02 904-225-9070

CR2E037 (9/01)