


FILED
Apr 18, 2005 8:00 am
Secretary of State

50037834

DOCUMENT # N04000005816		Secretary of State 04-18-2005 90328 017 ****61.25	
1. Entity Name ASHBURY HILLS HOMEOWNERS ASSOCIATION, INC			
Principal Place of Business 2750 ASHBURY LANE CANTONMENT, FL 32533		Mailing Address 2750 ASHBURY LANE CANTONMENT, FL 32533	
2. Principal Place of Business <i>2709 Ashbury Ln.</i>		3. Mailing Address <i>2709 Ashbury Ln.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Cantonment FL</i>		City & State	
Zip <i>32533</i>	Country <i>USA</i>	Zip	Country
6. Name and Address of Current Registered Agent COHEN, JOEL M 2741 ASHBURY LN CANTONMENT, FL 32533		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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	P EDWARDS, WILLIAM 2750 ASHBURY LN CANTONMENT, FL 32533 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAMUELS, Keith <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2709 Ashbury Ln Cantonment FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUL, JOHN 3010 ASHBURY LN CANTONMENT, FL 32533 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EDWARDS, WILLIAM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2750 Ashbury Ln Cantonment FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOWARD, JAMES <input checked="" type="checkbox"/> Delete 2718 ASHBURY LN CANTONMENT, FL 32533	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FIGUEROA, Bob <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ashbury Ln Cantonment FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EDWARDS, BEVERLY <input checked="" type="checkbox"/> Delete 2750 ASHBURY LN CANTONMENT, FL 32533	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, JOEL M. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2741 Ashbury Ln Cantonment FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODEN, CONNIE <input type="checkbox"/> Delete 3016 ASHBURY LN CANTONMENT, FL 32533	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kulton, Charlie <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2752 Ashbury Ln. Cantonment FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMUELS, KEITH <input type="checkbox"/> Delete 2709 ASHBURY LN CANTONMENT, FL 32533	TITLE 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: <i>Joel M. Cohen</i>		SIGNATURE: <i>Joel M. Cohen</i> 4/14/05 850 476-1072	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	