

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000005332

**Entity Name:** ASHTON WOODS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

644 CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

POST OFFICE BOX 13089  
TALLAHASSEE, FL 32317

**FEI Number: 86-1090954**

**Certificate of Status Desired: No**

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

RHINEHART, ROBERT S  
644 CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32301 US

*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

**Officer/Director Detail :**

Title DP  
Name CHARLES, DAVID  
Address 644 CAPITAL CIRCLE NE  
City-State-Zip: TALLAHASSEE FL 32301

Title DVP  
Name TINDALL, BONNIE  
Address 644 CAPITAL CIRCLE NE  
City-State-Zip: TALLAHASSEE FL 32301

Title DST  
Name MITCHELL, ANNIE  
Address 644 CAPITAL CIRCLE NE  
City-State-Zip: TALLAHASSEE FL 32301

Title MANAGER/AGENT  
Name RHINEHART, ROBERT S  
Address POST OFFICE BOX 13089  
City-State-Zip: TALLAHASSEE FL 32317

*I hereby 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 all other like empowered.*

**SIGNATURE: ROBERT S RHINEHART**

**MANAGER/AGENT**

**04/21/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date