

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000008872

**FILED  
Apr 06, 2021  
Secretary of State  
3783578158CC**

**Entity Name:** ASHLEY OAKS OF ST. JOHNS COUNTY HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

TDR PROPERTY MANAGEMENT, LLC  
2 DONDANVILLE RD UNIT 203  
ST. AUGUSTINE, FL 32080

**Current Mailing Address:**

TDR PROPERTY MANAGEMENT, LLC  
P.O. BOX 840069  
ST. AUGUSTINE, FL 32080-0069 US

**FEI Number: 26-0884728**

**Certificate of Status Desired: No**

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

TDR PROPERTY MANAGEMENT, LLC  
TDR PROPERTY MANAGEMENT, LLC  
2 DONDANVILLE RD UNIT 203  
ST. AUGUSTINE, FL 32080 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:** DEIDRE CARROLL, VP/CAM

04/06/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            KIDDER , ERIN  
Address        TDR PROPERTY MANAGEMENT, LLC  
                  P.O. BOX 840069  
City-State-Zip: ST. AUGUSTINE FL 32080-0069

Title            TREASURER, SECRETARY  
Name            O'CONNELL, LAURIE  
Address        TDR PROPERTY MANAGEMENT, LLC  
                  P.O. BOX 840069  
City-State-Zip: ST. AUGUSTINE FL 32080-0069

Title            VP  
Name            JOHN, MARY  
Address        TDR PROPERTY MANAGEMENT, LLC  
                  P.O. BOX 840069  
City-State-Zip: ST. AUGUSTINE FL 32080-0069

Title            REGISTERED AGENT  
Name            CARROLL, DEIDRE  
Address        TDR PROPERTY MANAGEMENT, LLC  
                  P.O. BOX 840069  
City-State-Zip: ST. AUGUSTINE FL 32080-0069

*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:** DEIDRE R CARROLL

VP/CAM

04/06/2021

Electronic Signature of Signing Officer/Director Detail

Date