

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

DOCUMENT# N07000008872

**FILED**  
**Jan 07, 2014**  
**Secretary of State**  
**CC1408743606**

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

**Current Principal Place of Business:**

9456 PHILIPS HIGHWAY  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

P.O. BOX 1389  
ST. AUGUSTINE, FL 32085 US

**FEI Number: 26-0884728**

**Certificate of Status Desired: No**

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

ALSOP PROPERTY MANAGEMENT  
77 ALMERIA ST.  
ST. AUGUSTINE, FL 32084 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: JAMES TEAGLE

01/07/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name TEAGLE, JAMES  
Address 9456 PHILIPS HIGHWAY  
City-State-Zip: JACKSONVILLE FL 32256

Title DVP  
Name DEARING, MARK C  
Address 9456 PHILIPS HIGHWAY  
City-State-Zip: JACKSONVILLE FL 32256

Title DST  
Name INFANTE, BRETT S  
Address 9456 PHILIPS HIGHWAY  
City-State-Zip: JACKSONVILLE FL 32256

*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: JAMES TEAGLE

DP

01/07/2014

Electronic Signature of Signing Officer/Director Detail

Date