

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004474

Entity Name: ASHFORD GLEN HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**644 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32301**Current Mailing Address:**PO BOX 13089
TALLAHASSEE, FL 32317 US**FEI Number: 59-3357321****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	P
Name	PARKS, LARRY
Address	644 CAPITAL CIRCLE NE
City-State-Zip:	TALLAHASSEE FL 32301

Title	S/T
Name	WHITFORD, JEFF
Address	644 CAPITAL CIRCLE NE
City-State-Zip:	TALLAHASSEE FL 32301

Title	DIRECTOR
Name	STEWART, CHERYL
Address	644 CAPITAL CIRCLE NE
City-State-Zip:	TALLAHASSEE FL 32301

Title	DIRECTOR
Name	COLLINS, MIKE
Address	644 CAPITAL CIRCLE NE
City-State-Zip:	TALLAHASSEE FL 32301

Title	VP
Name	MIRANDA, BUDDY
Address	644 CAPITAL CIRCLE NE
City-State-Zip:	TALLAHASSEE FL 32301

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

Title	DIRECTOR
Name	WELDON, DENNIS
Address	644 CAPITAL CIRCLE NE
City-State-Zip:	TALLAHASSEE FL 32301

Title	DIRECTOR
Name	HARPER, BILL
Address	644 CAPITAL CIRCLE NE
City-State-Zip:	TALLAHASSEE FL 32301

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****03/18/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date