

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004474

Entity Name: ASHFORD GLEN HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**719 E PARK AVE
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:**MCKEE, KAYLA A
719 E PARK AVE
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:** KAYLA A MCKEE

04/25/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name PARKS, LARRY
Address PO BOX 13089
City-State-Zip: TALLAHASSEE FL 32317

Title TREASURER
Name MCGHIN, KATHY
Address PO BOX 13089
City-State-Zip: TALLAHASSEE FL 32317

Title MANAGER/AGENT
Name MCKEE, KAYLA A
Address PO BOX 13089
City-State-Zip: TALLAHASSEE FL 32317

Title VP
Name GRAY, LUKE
Address PO BOX 13089
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR
Name PETERS, HAILEY
Address PO BOX 13089
City-State-Zip: TALLAHASSEE FL 32317

Title SECRETARY
Name HILL, JIMMY
Address PO 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: KAYLA MCKEE

MANAGEMENT FIRM

04/25/2023

Electronic Signature of Signing Officer/Director Detail

Date