

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000005262

**Entity Name:** ASHTON-BRIGHTON HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1639 BEACH BLVD.  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

P. O. BOX 50886  
JACKSONVILLE, FL 32211

**FEI Number: 59-3338605**

**Certificate of Status Desired: No**

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

RIVER CITY MANAGEMENT SERVICES  
1639 BEACH BLVD.  
JACKSONVILLE BEACH, FL 32250 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           VP  
Name           FLAKE, RICHARD  
Address        1639 BEACH BLVD.  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title           DIRECTOR  
Name           ALLEN, MICHAEL  
Address        1639 BEACH BLVD.  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title           S  
Name           JOHNSON, APRIL  
Address        1639 BEACH BLVD.  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title           D  
Name           ROBINSON, BRAD  
Address        1639 BEACH BLVD.  
City-State-Zip: JACKSONVILLE BEACH FL 32250

*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: RICHARD FLAKE**

**PRESIDENT**

**04/30/2015**

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

\_\_\_\_\_  
Date