DOCUMENT# N95000005262	
Entity Name: ASHTON-BRIGHTON HOMEOWNERS ASSOCIATION, INC.	
Current Principal Place of Business: 910 11TH AVENUE S. JACKSONVILLE BEACH, FL 32250	
Current Mailing Address:	
P. O. BOX 50886 JACKSONVILLE BEACH, FL 32240 US	
FEI Number: 59-3338605 Certifi	cate of
Name and Address of Current Registered Agent:	
RIVER CITY MANAGEMENT SERVICES, INC. 910 11TH AVENUE S JACKSONVILLE BEACH, FL 32250 US	
The above named entity submits this statement for the purpose of changing its registered office or registered agen	t, or both,
SIGNATURE:	
Electronic Signature of Registered Agent	
Officer/Director Detail :	

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Title	VP	Title	TREASURER
Name	FUZZELL, DOUG	Name	ALLEN, MICHAEL
Address	P. O. BOX 50886	Address	P. O. BOX 50886
City-State-Zip:	JACKSONVILLE BEACH FL 32240	City-State-Zip:	JACKSONVILLE BEACH FL 32240
Title	PRESIDENT	Title	SECRETARY
Name	JOHNSON, APRIL	Name	ROBINSON, BRAD
Address	P. O. BOX 50886	Address	P. O. BOX 50886
City-State-Zip:	JACKSONVILLE BEACH FL 32240	City-State-Zip:	JACKSONVILLE BEACH FL 32240
Title	DIRECTOR		
Name	BRUSOE, MARK		
Address	P. O. BOX 50886		
City-State-Zip:	JACKSONVILLE BEACH FL 32240		

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: APRIL JOHNSON

PRESIDENT

03/14/2024 Date

Electronic Signature of Signing Officer/Director Detail

FILED Mar 14, 2024 **Secretary of State** 9507776561CC

of Status Desired: No

h, in the State of Florida.

Date