2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# N00000007892

Entity Name: ASHTON PLACE - ST. CLOUD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3709192 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST STATE RD 434 STE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	MORRIS, BRANTLEY	
Address:	4723 ASHTON DR N	
City-St-Zip:	SAINT CLOUD, FL 34771	
Title:	SD	( ) Delete
Name:	GALANT, LAURA	
Address:	4733 ASHTON DR W	
City-St-Zip:	ST CLOUD, FL 34771	
Title:	VPD	( ) Delete
Name:	MASCAREL, CINDY	
Address:	1826 FARRIS DR	
City-St-Zip:	ST CLOUD, FL 34771	
Title:	TD	( ) Delete
Name:	PRESLEY, TIMOTHY	
Address:	4711 ASHTON DR W	
City-St-Zip:	ST CLOUD, FL 34771	
Title:	D	( ) Delete
Name:	HERNANDEZ, OSCAR	
Address:	1809 ASHTON DR E	
City-St-Zip:	ST CLOUD, FL 34771	
Title:	D	( ) Delete
Name:	BRIGHAM, PETER	
Address:	1824 FARRIS DR	
City-St-Zip:	ST CLOUD, FL 34771	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	PD	(X) Change ( ) Addition
Name:	PARDUE, DARRELL	
Address:	4741 ASHTON DR W	
City-St-Zip:	ST CLOUD, FL 34771	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DARRELL PARDUE PD 04/02/2009

Electronic Signature of Signing Officer or Director — Date