2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N01000007840

Entity Name: ASHTON GLEN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

ANTHONY LN.
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

PO BOX 110156
NAPLES, FL 34108

New Mailing Address:

FEI Number: 90-0201554 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHITE, WILLIAM D CAM
2310 DELLA DR.
NAPLES, FL 34117 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: DP ( ) Delete
Name: DUPLISSEY, JEREMY
Address: 5263 BENGAMIN LN.
City-St-Zip: SARASOTA, FL 34233

Title: ASM ( ) Delete
Name: WHITE, WILLIAM D
Address: 2310 DELLA DR.
City-St-Zip: NAPLES, FL 34117

Title: DVP ( ) Delete
Name: COURY, CHARLES
Address: 5251 BENGAMIN LN
City-St-Zip: SARASOTA, FL 34233

Title: DT ( ) Delete
Name: GRIFFITH, KAREN
Address: 5274 BENGAMIN LN
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change ( ) Addition
Name: WEIDA, JOHN M III
Address: 5301 ANTHONY LANE
City-St-Zip: SARASOTA, FL 34233

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change ( ) Addition
Name: COURY, CHARLES
Address: 5251 BENGAMIN LN
City-St-Zip: SARASOTA, FL 34233

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: WILLIAM D. WHITE ASM 04/16/2009

Electronic Signature of Signing Officer or Director — Date