2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008100

FILED Apr 23, 2007 Secretary of State

Entity Name: ASBURY TRACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 108 INDUSTRIAL LOOP NORTH 3630 ASBURY TRACE DR ORANGE PARK, FL 32073 GREEN COVE SPRINGS, FL 32043 US **Current Mailing Address: New Mailing Address:** 108 INDUSTRIAL LOOP NORTH 3630 ASBURY TRACE DR GREEN COVE SPRINGS, FL 32043 ORANGE PARK, FL 32073 US FEI Number: 27-0048909 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: COGDILL, JOHN L JR FREAS, NANCY R 108 INDUSTRIAL LOOP NORTH 3630 ASBURY TRACE DR ORANGE PARK, FL 32073 GREEN COVE SPRINGS, FL 32043 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: NANCY R FREAS 04/23/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change (X) Addition FREAS, NANCY R Name: Name: Address: Address: 3630 ASBURY TRACE DR City-St-Zip: City-St-Zip: GREEN COVE SPRINGS, FL 32043 US Title: Title: () Change (X) Addition () Delete Name: Name: MIXSON, MILES Address: Address: 3610 ASBURY TRACE DR City-St-Zip: City-St-Zip: GREEN COVE SPRINGS, FL 32043 US Title: () Delete Title: () Change (X) Addition WANNALL, FRANKLIN Name: Name: 3605 ASBURY TRACE DR Address: Address: City-St-Zip: City-St-Zip: GREEN COVE SPRINGS, FL 32043 US Title: () Delete Title: () Change (X) Addition Name: Name: FURLOUGH, DEBRA 3615 ASBURY TRACE DR Address: Address: City-St-Zip: City-St-Zip: GREEN COVE SPRINGS, FL 32043 US Title: () Delete Title: () Change (X) Addition LANGONE, PATRICIA Name: Name: 3625 ASBURY TRACE DR Address: Address: City-St-Zip: City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

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: NANCY R FREAS **PRES** 04/23/2007