2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# N02000008100

Entity Name: ASBURY TRACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3630 ASBURY TRACE DR
GREEN COVE SPRINGS, FL 32043 US

New Principal Place of Business:

Current Mailing Address:

3630 ASBURY TRACE DR
GREEN COVE SPRINGS, FL 32043 US

New Mailing Address:

FEI Number: 27-0048909 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FREAS, NANCY R
3630 ASBURY TRACE DR
GREEN COVE SPRINGS, FL 32043 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: P ( ) Delete
Name: FREAS, NANCY R
Address: 3630 ASBURY TRACE DR
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: VP ( ) Delete
Name: MIXSON, MILES
Address: 3610 ASBURY TRACE DR
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: VP ( ) Delete
Name: WANNALL, FRANKLIN
Address: 3605 ASBURY TRACE DR
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: T (X) Delete
Name: FURLOUGH, DEBRA
Address: 3615 ASBURY TRACE DR
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: S (X) Delete
Name: LANGONE, PATRICIA
Address: 3625 ASBURY TRACE DR
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition
Name: FARIA, KATHY
Address: 3626 ASBURY TRACE DR
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: T (X) Change ( ) Addition
Name: FURLOUGH, DEBRA
Address: 3615 ASBURY TRACE DR
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

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

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: NANCY FREAS P 04/21/2008

Electronic Signature of Signing Officer or Director — Date