

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005332

FILED
Apr 24, 2005
Secretary of State

Entity Name: ASHTON WOODS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

431 WAVERLY ROAD
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

431 WAVERLY ROAD
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 86-1090954

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISAACS, DAN L
431 WAVERLY ROAD
TALLAHASSEE, FL 32312 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: JACOBS, SUNSHINE A
Address: 2457 LAURELWOOD COURT
City-St-Zip: TALLAHASSEE, FL 32308

Title: DVP () Delete
Name: SGAN, MEGAN
Address: 2466 LAURELWOOD COURT
City-St-Zip: TALLAHASSEE, FL 32308

Title: DST () Delete
Name: MCCARLEY, ANDREW J
Address: 2486 LAURELWOOD COURT
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: JACOBS, SUNSHINE A
Address: 2457 LAURELWOOD COURT
City-St-Zip: TALLAHASSEE, FL 32308

Title: DP (X) Change () Addition
Name: GARCIA, LAUREN
Address: 2724 LAURELWOOD LANE
City-St-Zip: TALLAHASSEE, FL 32308

Title: DVP (X) Change () Addition
Name: WALKER, PAM J
Address: 2744 LAURELWOOD LANE
City-St-Zip: TALLAHASSEE, FL 32312

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SUNSHINE JACOBS

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04/24/2005

Electronic Signature of Signing Officer or Director

Date