2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2006
Secretary of State

DOCUMENT# N04000004250

Entity Name: ASTON GREEN HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

708 ORCHARD AVENUE
ORMOND BEACH, FL 32174

New Principal Place of Business:

795 LAKEWOOD DRIVE
HOLLY HILL, FL 32117

Current Mailing Address:

708 ORCHARD AVENUE
ORMOND BEACH, FL 32174

New Mailing Address:

795 LAKEWOOD DRIVE
HOLLY HILL, FL 32117

FEI Number: 20-1229411 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOREY, ROBERT K
595 WEST GRANADA BLVD.
ORMOND BEACH, FL 32174 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: WILLIAMS, SHANE
Address: 608 6TH STREET
City-St-Zip: HOLLY HILL, FL 32117

Title: PD ( ) Delete
Name: MESICK, WILLIAM E
Address: 708 ORCHARD AVENUE
City-St-Zip: ORMOND BEACH, FL 32174

Title: STD (X) Delete
Name: MESICK, PATRICK D
Address: 708 ORCHARD AVENUE
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: LEARY, JR, ISAAC R
Address: 795 LAKEWOOD DRIVE
City-St-Zip: HOLLY HILL, FL 32117

Title: VP/S (X) Change ( ) Addition
Name: LEARY, BONNIE C VP/SEC
Address: 795 LAKEWOOD DRIVE
City-St-Zip: HOLLY HILL, FL 32117

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ISAAC R LEARY, JR P/T 02/07/2006

Electronic Signature of Signing Officer or Director — Date