


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90328 017 ****61.25

DOCUMENT # N04000005816

1. Entity Name
ASHBURY HILLS HOMEOWNERS ASSOCIATION, INC



Principal Place of Business
**2750 ASHBURY LANE
 CANTONMENT, FL 32533**

Mailing Address
**2750 ASHBURY LANE
 CANTONMENT, FL 32533**

50037834

2. Principal Place of Business
2709 Ashbury Ln.

3. Mailing Address
2709 Ashbury Ln.

Suite, Apt. #, etc.

City & State
Cantonment FL

City & State

Zip **32533** Country **USA**



04142005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent

**COHEN, JOEL M
 2741 ASHBURY LN
 CANTONMENT, FL 32533**

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EDWARDS, WILLIAM 2750 ASHBURY LN CANTONMENT, FL 32533 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUL, JOHN 3010 ASHBURY LN CANTONMENT, FL 32533 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOWARD, JAMES 2718 ASHBURY LN CANTONMENT, FL 32533 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EDWARDS, BEVERLY 2750 ASHBURY LN CANTONMENT, FL 32533 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODEN, CONNIE 3016 ASHBURY LN CANTONMENT, FL 32533 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMUELS, KEITH 2709 ASHBURY LN CANTONMENT, FL 32533 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAMUELS, KEITH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2709 Ashbury Ln Cantonment FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EDWARDS, WILLIAM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2750 Ashbury Ln Cantonment FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FIGUEROA, BOB <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ashbury Ln Cantonment FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, JOEL M. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2741 Ashbury Ln Cantonment FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kulton, Charlie <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2752 Ashbury Ln. Cantonment FL 32533

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Joel M. Cohen **JOEL M. Cohen** 4/14/05 850 478-1072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #