2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# N04000005816

Entity Name: ASHBURY HILLS HOMEOWNERS ASSOCIATION, INC

Current Principal Place of Business:

2741 ASHBURY LN
CANTONMENT, FL 32533

New Principal Place of Business:

Current Mailing Address:

2741 ASHBURY LN
CANTONMENT, FL 32533

New Mailing Address:

FEI Number: 51-0541254 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHEN, JOEL M
2741 ASHBURY LN
CANTONMNET, FL 32533 US

Name and Address of New Registered Agent:

COHEN, JOEL M
2741 ASHBURY LN
CANTONMENT, FL 32533 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: _____ 01/29/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: EDWARDS, WILLIAM
Address: 2750 ASHBURY LN
City-St-Zip: CANTONMENT, FL 32533 US

Title: P ( ) Delete
Name: VESPER, CARL
Address: 2722 ASHBURY LN
City-St-Zip: CANTONMENT, FL 32533 US

Title: VP ( ) Delete
Name: MIMMS, DANNY
Address: 2721 ASHBURY LN
City-St-Zip: CANTONMENT, FL 32533 US

Title: D ( ) Delete
Name: COHEN, JOEL M.
Address: 2741 ASBURG LANE
City-St-Zip: CANTONMENT, FL 32533 US

Title: D ( ) Delete
Name: COWAN, ROBERT
Address: 2742 ASHBURY LN
City-St-Zip: CANTONMENT, FL 32533 US

Title: D ( ) Delete
Name: JOHNSON, MARY
Address: 2752 ASHBURY LANE
City-St-Zip: CANTONMENT, FL 32533

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change ( ) Addition
Name: COHEN, JOEL
Address: 2741 ASBURY LANE
City-St-Zip: CANTONMENT, FL 32533 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: JOEL M. COHEN D 01/29/2009
Electronic Signature of Signing Officer or Director — Date