## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 30, 2006 8:00 am Secretary of State DOCUMENT # N04000007443 1. Entity Name 03-30-2006 90035 025 \*\*\*\*61.25 ASHTON WOODS PROPERTY OWNERS ASSOCIATION, Principal Place of Business Mailing Address P.O. BOX 5446 LAKELAND FL 33807 1077 ASTON WOODS LANE LAKELAND FL 33813 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 42-1642275 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name - STEVEN - A -- RUNFELDT --WALSH, BERNARD Street Address (P.O. Box Number is Not Acceptable) 1077 ASHTON WOODS LANE LAKELAND FL 33813 1019 ASHTON WOODS CANE LAKELAND 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. (NOTE: Rugistered Agent signature required when reinslating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Duleic Change TITLE Addition กาเค STEVEN A. RUNFELDT 1019 ASHTON WOODS LANE WALSH, BERNARD NAME NAME 1077 ASHTON WOODS LANE STREET ADDRESS STREET ADDRESS LAKELAND, FL 33013 LAKELAND FL 33813 CITY-ST-ZIP CITY-ST-ZIP Delete Addition TODO JONES 1060 ASHTON WOODS LAWE WAGNER, MICHAEL NAME STREET ADDRESS 1077 ASHTON WOODS LANE STREET ADORESS LAKERAMO, FC 33013 LAKELAND FL 33813 CITY-ST-ZIP CITY-ST-ZIP Delete Addition DST TITLE BILL WILSON WOODS LANE WALSH, LYNN G NAME NAME STREET ADDRESS 1077 ASHTON WOODS LANE STREET ADDRESS LAKELAND, FC 33813 CITY - ST - ZIP LAKELAND FL 33813 CITY-ST-ZIP Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or suppliemental 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:

**FILED**