


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 03, 2008 8:00 am
Secretary of State

09-03-2008 90004 006 ****61.25

DOCUMENT # N04000007443		
1. Entity Name ASHTON WOODS PROPERTY OWNERS ASSOCIATION, INC.		
Principal Place of Business P.O. BOX 5446 LAKELAND FL 33807 US	Mailing Address 1077 ASTON WOODS LANE LAKELAND FL 33813 US	



2. Principal Place of Business - No P.O. Box # 1004 Ashton Woods Ln	3. Mailing Address PO Box 5446
Suite, Apt. #, etc.	Suite, Apt. #, etc.

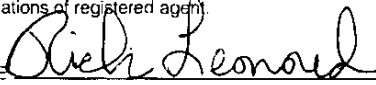
2nd MOORE CR2E037 (4/08)

City & State Lakeland, FL	City & State Lakeland, FL
Zip 33813	Country USA
Zip 33813	Country

4. FEI Number 42-1642275	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

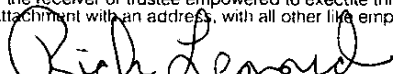
6. Name and Address of Current Registered Agent RUNFELDT, STEVEN A— 1019 ASHTON WOODS LANE LAKELAND FL 33813	
--	--

7. Name and Address of New Registered Agent	
Name Rick Leonard	
Street Address (P.O. Box Number is Not Acceptable) 1004 Ashton Woods Lane	
City Lakeland	FL Zip Code 33813

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 	Rick LEONARD 8/27/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE	

FILE NOW: FEE IS \$61.25 Due By September 3, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RUNFELDT, STEVEN A 1019 ASHTON WOODS LN LAKELAND FL 33813 <input type="checkbox"/> Delete	TITLE DP NAME STREET ADDRESS CITY-ST-ZIP	DP Rick Leonard 1004 Ashton Woods Lane Lakeland, FL 33813 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR LEONARD, RICK 1004 ASHTON WOODS LANE LAKELAND FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR Rudolph Carter 1012 Ashton Woods Ln Lakeland, FL 33813 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FLETCHER, JODI 1003 ASHTON WOODS LANE LAKELAND FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Jody Fletcher 1003 Ashton Woods Lane Lakeland, FL 33813 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 	8/27/08