## 2008 NOT FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT # N06000012949 2008 NOV -3 AM 9: 20 ASHTON OAKS HOMEOWNERS' ASSOCIATION, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2907 BAY TO BAY BLVD STE, 301 2907 BAY TO BAY BLVD STE. 301 TAMPA. FL 33629 TAMPA, FL 33629 2. Principal Place of Business - No P.O. Box 3. Mailing Address n09192008 CR2E037 (12/06) 4. FEI Number 20-8542817 Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZSCHAU, JULIUS J. 2701 N. ROCKY POINT DR., STE. 900 TAMPA, FL 33607 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, egistered maent the obligati 6ns o - DATE 9. Election Campaign Financing **\$5.00** May Be Make check payable to Amended AR is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 : 10. 11. Change TITLE Delete TITLE Addition JOUDREY, RICK NAME NAME STREET ADDRESS 2907 BAY TO BAY BLVD STE. 301 STREET ADDRESS TAMPA, FL 33629 CITY-ST-7IP CITY-ST-ZIP ۷P Delete ☐ Addition TITLE TITLE Change BENSKO, LINDSAY NAME NAME STREET ADORESS 2907 BAY TO BAY BLVD STE, 301 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33629 CITY-ST-ZIP Delete SEC TITLE TITLE Addition THINGER, JANET NAME NAME STREET ADDRESS 2907 BAY TO BAY BLVD STE, 301 STREET ADDRESS TAMPA, FL 33629 CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP □ Change ☐ Delete ■ Addition TITLE TITLE NAME 300137571553 03/08--01003--018 \*\*61 NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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:

FILED