

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Nov 18, 2009
Secretary of State**

DOCUMENT# N06000013003

Entity Name: ASHLEY FARMS GOLF & COUNTRY CLUB MASTER ASSOCIATION, INC.**Current Principal Place of Business:**19800 MACARTHUR BOULEVARD
SUITE 700
IRVINE, CA 92612 US**New Principal Place of Business:****Current Mailing Address:**19800 MACARTHUR BOULEVARD
SUITE 700
IRVINE, CA 92612 US**New Mailing Address:**

FEI Number: 20-8152285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**Title: PD () Delete
Name: COX, SCOTT L
Address: 12930 WORLDGATE DRIVE, SUITE 125
City-St-Zip: HERNDON, VA 20170 USTitle: VPD () Delete
Name: DAVID, JEFFRY M
Address: 12930 WORLDGATE DRIVE, SUITE 125
City-St-Zip: HERNDON, VA 20170Title: STD () Delete
Name: MCGOWAN, BRIAN P
Address: 19800 MACARTHUR BOULEVARD, SUITE 700
City-St-Zip: IRVINE, CA 92612 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: VPD (X) Change () Addition
Name: ROLLO, ROBERT D
Address: 12930 WORLDGATE DRIVE, SUITE 125
City-St-Zip: HERNDON, VA 20170Title: () 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: ROBERT D. ROLLO

VP

11/18/2009

Electronic Signature of Signing Officer or Director_____
Date