

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90050 026 \*\*\*\*61.25

**DOCUMENT # N26316**

1. Entity Name

ASTON WOODS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

2711 ASTON AVE  
PLANT CITY FL 33566  
US

Mailing Address

2711 ASTON AVE  
PLANT CITY FL 33566  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2889709

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLAMM, MARY JO  
2711 ASTON AVE  
PLANT CITY FL 33566

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*Mary Jo Flamm*

*Treasurer*

1-27-05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MCMINN, MIKE	
STREET ADDRESS	2811 CLUBHOUSE DR	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	T	<input type="checkbox"/> Delete
NAME	FLAMM, MARY JO	
STREET ADDRESS	2711 ASTON AVE	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODWELL, BRUCE	
STREET ADDRESS	3301 BARRETT AVE	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAWLINGS, EMMA LEE	
STREET ADDRESS	2701 CLUBHOUSE DR	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	S	<input type="checkbox"/> Delete
NAME	LESLIE, ALEX T	
STREET ADDRESS	2905 CLUBHOUSE DRIVE	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FISHER, GREGG	
STREET ADDRESS	2923 CLUBHOUSE DR	
CITY-ST-ZIP	PLANT CITY FL 33566	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	RAWLINGS, EMMA LEE	
CITY-ST-ZIP	SAME	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	
STREET ADDRESS	Leslie, Alex	
CITY-ST-ZIP	SAME	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S	
STREET ADDRESS	STUTLER, Denny	
CITY-ST-ZIP	2914 ASTON AVE PLANT CITY, FL 33566	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Mary Jo Flamm*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-04

Date

813-707-6354

Daytime Phone #