


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90081 022 \*\*\*\*61.25

<b>DOCUMENT # N26316</b> 1. Entity Name <b>ASTON WOODS HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>2711 ASTON AVE PLANT CITY, FL 33566 US</b>			Mailing Address <b>2711 ASTON AVE PLANT CITY, FL 33566 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2889709</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>FLAMM, MARY JO 2711 ASTON AVE PLANT CITY, FL 33566</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE: <u>Mary Jo Flamm (MARY JO FLAMM)</u>				DATE: <u>1-15-06</u>	
Filing Fee is \$61.25 Due by May 1, 2006				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	
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FLAMM, MARY JO 2711 ASTON AVE PLANT CITY, FL 33566 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODWELL, BRUCE 3301 BARRETT AVE PLANT CITY, FL 33567 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAWLINGS, EMMA LEE 2701 CLUBHOUSE DR PLANT CITY, FL 33566 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LESLIE, ALEX T 2905 CLUBHOUSE DRIVE PLANT CITY, FL 33567 <input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STUTLER, DENNY 2914 ASTON AVE PLANT CITY, FL 33566 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY SWEET, NATALIE 2822 CLUBHOUSE DR PLANT CITY, FL 33566 <input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES STUTLER, DENNY 2914 ASTON AVE 33566 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY SWEET, NATALIE 2822 CLUBHOUSE DR PLANT CITY, FL 33566 <input type="checkbox"/> Change <input checked="" 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: <u>Mary Jo Flamm (MARY JO FLAMM)</u>					
DATE: <u>1-15-06</u> DAYTIME PHONE #: <u>813-707-6354</u>					