


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90033 032 \*\*\*\*61.25

<b>DOCUMENT # N26316</b> 1. Entity Name <b>ASTON WOODS HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>2711 ASTON AVE</b> <b>PLANT CITY, FL 33566 US</b>			Mailing Address <b>2711 ASTON AVE</b> <b>PLANT CITY, FL 33566 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country			
4. FEI Number <b>59-2889709</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>FLAMM, MARY JO</b> <b>2711 ASTON AVE</b> <b>PLANT CITY, FL 33566</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: <u><i>Mary Jo Flamm</i></u> <u>MARY JO FLAMM</u> <u>2/2/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</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	VP GRAMS, PATTI 2803 CLUBHOUSE DR PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODWELL, BRUCE 3301 BARRETT AVE PLANT CITY, FL 33567	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALEY, MIKE 2709 BARRETT AVE PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAWLINGS, EMMA LEE 2701 CLUBHOUSE DR PLANT CITY, FL 33566	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change    Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STUTLER, DENNY 2914 ASTON AVE PLANT CITY, FL 33566	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change    Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SWEET, NATALIE 2822 CLUBHOUSE DR PLANT CITY, FL 33566	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change    Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change    Addition	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change    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.					
<b>SIGNATURE:</b> <u><i>Mary Jo Flamm</i></u> <u>MARY JO FLAMM</u> <u>2/2/07</u> <u>813-707-6354</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #</small>					

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