




# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90356 003 \*\*\*\*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 # <b>2709 BARRET AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>2709 BARRET AVE</b> Suite, Apt. #, etc.	
City & State <b>PLANT CITY, FL</b> Zip <b>33566</b>		City & State <b>PLANT CITY, FL</b> Zip <b>33566</b>	
4. FEI Number <b>59-2889709</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <b>NOT REJECTED</b>		04162008 Chg-NP CR2E037 (12/06)	
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 <b>DALEY, MIKE</b> Street Address (P.O. Box Number is Not Acceptable) <b>2709 BARRET AVE.</b> City <b>PLANT CITY</b> <b>FL</b> Zip Code <b>33566</b>	
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 		DATE <b>04/23/2008</b>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FLAMM, MARY JO 2711 ASTON AVE PLANT CITY, FL 33566	<input type="checkbox"/> Delete	D FLAMM, MARY JO 2711 ASTON AVE PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRAMS, PATTI 2803 CLUB HOUSE DRIVE PLANT CITY, FL 33566	<input checked="" type="checkbox"/> Delete	P JENNUS, DAREYL 2903 CLUBHOUSE DR. PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALEY, MIKE 2709 BARRET AVE PLANT CITY, FL 33566	<input type="checkbox"/> Delete	T DALEY, MIKE 2709 BARRET AVE PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STUTLER, DENNY 2914 ASTON AVE PLANT CITY, FL 33566	<input type="checkbox"/> Delete	S DEVLIN, VIVIAN 2710 CLUBHOUSE DR. PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SWEET, NATALIE 2822 CLUBHOUSE DR PLANT CITY, FL 33566	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input 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: 		DATE <b>04/23/2008</b> DAYTIME PHONE # <b>813 757 6313</b>	