

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30919

FILED  
Apr 24, 2009  
Secretary of State

**Entity Name:** ASHLEY GREEN OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

79 MASTERS DRIVE  
SAINT AUGUSTINE, FL 32084 US

**New Principal Place of Business:**

**Current Mailing Address:**

79 MASTERS DR  
SAINT AUGUSTINE, FL 32084 US

**New Mailing Address:**

**FEI Number:** 58-1858472

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HERREN, JANICE L  
C/O THE NEIGHBORHOOD MANAGERS, INC.  
79 MASTERS DRIVE  
SAINT AUGUSTINE, FL 32084 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: TD ( ) Delete  
Name: CROOKS, JOAN  
Address: 7725 LEESBURG DR  
City-St-Zip: JACKSONVILLE, FL 32277

Title: D (X) Delete  
Name: WILLIAMS, JOAN  
Address: 7706 LEESBURG DR S  
City-St-Zip: JACKSONVILLE, FL 32277

Title: PD ( ) Delete  
Name: HOGG, TONY  
Address: 7768 LYNCHBURG CT  
City-St-Zip: JACKSONVILLE, FL 32277

Title: D ( ) Delete  
Name: PRICE, BILL  
Address: 7733 MYSTIR POINT CT W.  
City-St-Zip: JACKSONVILLE, FL 32777

Title: D (X) Delete  
Name: DAN, NANCY  
Address: 7759 LYNCHBURG CRT E  
City-St-Zip: JACKSONVILLE, FL 32277

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: PRICE, BILL  
Address: 7733 MYSTIC POINT CT W.  
City-St-Zip: JACKSONVILLE, FL 32777

Title: ( ) 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: TONY HOGG

PD

04/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date