

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N30920** (5)

1. Corporation Name

ASHLEY GREEN TOWNHOMES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

ONE SAN JOSE PLACE  
SUITE 7  
JACKSONVILLE FL 32257ONE SAN JOSE PLACE  
SUITE 7  
JACKSONVILLE FL 32257-7582

2. Principal Place of Business 21 <b>c/o Four Seasons Mgmt</b>	2a. Mailing Address 26 <b>c/o Four Seasons Mgmt</b>	3. Date Incorporated or Qualified <b>02/28/1989</b>	3a. Date of Last Report <b>03/06/1996</b>
22 <b>10036 Sawgrass Dr. #3</b>	27 <b>P.O. Box 1159</b>	4. FEI Number <b>59-2966505</b>	Applied For Not Applicable
23 <b>Ponte Vedra Beach, FL</b>	28 <b>Ponte Vedra Beach, FL</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
24 <b>32082</b>	25 <b>USA</b>	29 <b>32004-1159</b>	30 <b>USA</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REDDING MANAGEMENT INC.  
ONE SAN JOSE PLACE  
SUITE 7  
JACKSONVILLE FL 32207

81 Name <b>Donald J. Munch</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>c/o Four Seasons Mgmt</b>
83 <b>10036 Sawgrass Dr. #3</b>
84 City <b>Ponte Vedra Beach</b>
85 Zip Code <b>FL 32082</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Donald Munch*

4/11/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAY, JOE	1.2 NAME	<b>Paula Stephan</b>
STREET ADDRESS	7743 MANASSAS CT. W.	1.3 STREET ADDRESS	<b>7712 Greenwich Ct, E</b>
CITY-ST-ZIP	JACKSONVILLE FL 32277	1.4 CITY-ST-ZIP	<b>Jacksonville, FL 32277</b>
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, ED	2.2 NAME	
STREET ADDRESS	7729 LEESBURG DR. S.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32277	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIS, GEORGE	3.2 NAME	<b>T</b>
STREET ADDRESS	7705 LEESBURG DR. S.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32277	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITESIDE, BELLA	4.2 NAME	<b>P</b>
STREET ADDRESS	7721 MYSTIC PT. CT. W.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32277	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLOTHIER, SHIRLEY	5.2 NAME	<b>George Owen</b>
STREET ADDRESS	7730 MANASSAS CT. W.	5.3 STREET ADDRESS	<b>7730 Greenwich Ct. W</b>
CITY-ST-ZIP	JACKSONVILLE FL 32277	5.4 CITY-ST-ZIP	<b>Jacksonville, FL 32277</b>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>Randy Allen</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>7714 Leesburg Dr. S.</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Jacksonville, FL 32277</b>

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Donald Munch*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 17/97 (904) 744-1732

Date

Daytime Phone # 0006911

CP2E037 (9/96)