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Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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

**C/O FOUR SEASONS MGMT
10036 SAWGRASS DR. #3
PONTE VEDRA BEACH FL 32082
US**

**CC/O FOUR SEASONS MGMT
P.O. BOX 1159
PONTE VEDRA BEACH FL 32004-1159
US**

3. Date Incorporated or Qualified

02/28/1989

4. FEI Number

59-2966505

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MUNCH, DONALD J
C/O FOUR SEASONS MGMT
10036 SAWGRASS DR., #3
PONTE VEDRA BEACH FL 32082**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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	VPS	1.1 TITLE	VP
NAME	STEPHAN, PAULA	1.2 NAME	Debbie Gossman
STREET ADDRESS	7772 GREENWICH CT., E	1.3 STREET ADDRESS	7745 Leesburg Dr. S.
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32277
TITLE	D	2.1 TITLE	D
NAME	ALLEN, RANDY	2.2 NAME	Mark Few
STREET ADDRESS	7714 LEESBURG DR. S.	2.3 STREET ADDRESS	7724 Lynchburg Ct W
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32277
TITLE	T	3.1 TITLE	LINDA McKEITHAN
NAME	WILLIS, GEORGE	3.2 NAME	7737 MANASSAS COURT W
STREET ADDRESS	7705 LEESBURG DR. S.	3.3 STREET ADDRESS	JACKSONVILLE FL 32277
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	
NAME	WHITESIDE, BELLA	4.2 NAME	
STREET ADDRESS	7721 MYSTIC PT. CT. W.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	OWEN, GEORGE	5.2 NAME	
STREET ADDRESS	7730 GREENWICH CT. W.	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:

Bella Whiteside

CR2E037 (10/97)