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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N30920**

1. Corporation Name

**ASHLEY GREEN TOWNHOMES ASSOCIATION, INC.**

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE VP  
NAME GOSSMAN, DEBBIE  
STREET ADDRESS 7745 LEESBURG DR S  
CITY-ST-ZIP JACKSONVILLE FL 32277 ☐ DELETE

TITLE D  
NAME FEW, MARK  
STREET ADDRESS 7724 LYNCHBURG CT W  
CITY-ST-ZIP JACKSONVILLE FL 32277 ☐ DELETE

TITLE T  
NAME WILLIS, GEORGE  
STREET ADDRESS 7705 LEESBURG DR. S.  
CITY-ST-ZIP JACKSONVILLE FL ☒ DELETE

TITLE P  
NAME WHITESIDE, BELLA  
STREET ADDRESS 7721 MYSTIC PT. CT. W.  
CITY-ST-ZIP JACKSONVILLE FL ☒ DELETE

TITLE D  
NAME OWEN, GEORGE  
STREET ADDRESS 7730 GREENWICH CT. W.  
CITY-ST-ZIP JACKSONVILLE FL ☒ DELETE

TITLE ~~D~~ T  
NAME MCKETHAN, LINDA  
STREET ADDRESS 7737 MANASSAS COURT W  
CITY-ST-ZIP JACKSONVILLE FL 32277 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME Joe Gray  
1.3 STREET ADDRESS 7743 Manassas Ct. W.  
1.4 CITY-ST-ZIP Jacksonville, FL 32277

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME Victoria Christie  
3.3 STREET ADDRESS 7726 Leesburg Dr. S.  
3.4 CITY-ST-ZIP Jacksonville, FL 32277

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME Darlene Christison  
4.3 STREET ADDRESS 7755 Mystic Point E  
4.4 CITY-ST-ZIP Jacksonville, FL

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME Dick Guetter  
5.3 STREET ADDRESS 7705 Leesburg Dr. S.  
5.4 CITY-ST-ZIP Jacksonville, FL 32277

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME Paula Stefan  
6.3 STREET ADDRESS 7772 Greenwich Ct. E.  
6.4 CITY-ST-ZIP Jacksonville, FL 32277

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Joe Gray* 1-26-99-904745-1080

CR2E037 (11/98)