FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N33083 (9)

1. Corporation Name
ASHEBOURNE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P. O. BOX 2552 ORANGE PARK FL 32067-9552	P. O. BOX 2552 ORANGE PARK FL 32067-9552

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/03/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2963549 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LONG, RICK 3720 WATERSIDE DR ORANGE PARK FL 32065	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVP		11 TITLE		☐ Change ☐ Addition
NAME	GAY, DONNIE		12 NAME		
STREET ADDRESS	2688 BELLESHORE CT		13 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL		14 CITY-ST-ZIP		
TITLE	DT		21 TITLE	DT	☒ Change ☐ Addition
NAME	WESTBERRY, DOUG		22 NAME	BARTON CREWS	
STREET ADDRESS	3648 WATERSIDE DR	Delete	23 STREET ADDRESS	2609 BELLESHORE CT	
CITY-ST-ZIP	ORANGE PARK FL		24 CITY-ST-ZIP	ORANGE PARK FL	
TITLE	D		31 TITLE	D	☒ Change ☐ Addition
NAME	BENNETT, NOELLE		32 NAME	David Faraldo	
STREET ADDRESS	2645 BELLESHORE CT	Delete	33 STREET ADDRESS	3828 Waterside Dr	
CITY-ST-ZIP	ORANGE PARK FL		34 CITY-ST-ZIP	Orange Park FL	
TITLE	S		41 TITLE	S	☒ Change ☐ Addition
NAME	JUNK, JANICE		42 NAME	CINDY BLANKE	
STREET ADDRESS	2660 BELLESHORE CT.	Delete	43 STREET ADDRESS	3711 Waterside Dr	
CITY-ST-ZIP	ORANGE PARK FL		44 CITY-ST-ZIP	Orange Park FL	
TITLE	DP		51 TITLE		☐ Change ☐ Addition
NAME	LONG, RICK		52 NAME		
STREET ADDRESS	3720 WATERSIDE DR.		53 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL		54 CITY-ST-ZIP		
TITLE			61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Barton Crews Treasurer — 4/27/95 — 904-387-6541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
BARTON CREWS

0022481