FILE NOW: FILING FEE IS $61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 32067-2552

3. Date Incorporated or Qualified: 07/03/1989
3a. Date of Last Report: 03/11/1996

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

4. FEI Number: 59-2963549 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LONG, RICK
3720 WATERSIDE DR
ORANGE PARK FL 32065

10. Name and Address of New Registered Agent

81 Name: Barton Crews
82 Street Address (P.O. Box Number is Not Acceptable): 2609 Belleshore Ct
83: Ora
84 City: Orange Park FL 85 Zip Code: 32065

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: Barton Crews — Barton Crews Treasurer — 5/1/97
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	DVP	☒ DELETE	1.1 TITLE	DVP	☐ Change ☒ Addition
NAME	GAY, DONNIE		1.2 NAME	ED Treffinger	
STREET ADDRESS	2688 BELLESHORE CT		1.3 STREET ADDRESS	3621 Waterside Drive	
CITY-ST-ZIP	ORANGE PARK FL		1.4 CITY-ST-ZIP	Orange Park FL 32065	
TITLE	DT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CREWS, BARTON		2.2 NAME		
STREET ADDRESS	2609 BELLESHORE CT.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	DP	☒ Change ☐ Addition
NAME	FARALDO, DAVID		3.2 NAME		
STREET ADDRESS	3828 WATERSIDE DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL		3.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	4.1 TITLE	S	☐ Change ☒ Addition
NAME	BLANKE, CINDY		4.2 NAME	Linda Smith	
STREET ADDRESS	3711 WATERSIDE DRIVE		4.3 STREET ADDRESS	3804 Waterside Drive	
CITY-ST-ZIP	ORANGE PARK FL		4.4 CITY-ST-ZIP	Orange Park FL 32065	
TITLE	DP	☒ DELETE	5.1 TITLE	D	☒ Change ☒ Addition
NAME	LONG, RICK		5.2 NAME	JAN LONG	
STREET ADDRESS	3720 WATERSIDE DR.		5.3 STREET ADDRESS	3720 Waterside Drive	
CITY-ST-ZIP	ORANGE PARK FL		5.4 CITY-ST-ZIP	Orange Park FL 32065	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Barton Crews — Barton Crews — 5/1/97 — (904) 384-6567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0000947