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Mar 23, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N33083
 1. Corporation Name
ASHEBOURNE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business P. O. BOX 2552 ORANGE PARK FL 32067-9552	Mailing Address P. O. BOX 2552 ORANGE PARK FL 32067-9552
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/03/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2963549
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent CREWS, BARTON 2609 BELLESHORE CT ORANGE PARK FL 32065	10. Name and Address of New Registered Agent 81 Name <u>Delores Wise</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>3684 Waterside Dr.</u> 83 84 City <u>Orange Park</u> FL 85 Zip Code <u>32065</u>
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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 *Delores Wise* DATE 3-16-99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TREFFINGER, ED	1.2 NAME	Jay Majdanics
STREET ADDRESS	3621 WATERSIDE DR	1.3 STREET ADDRESS	2681 Belleshore Ct
CITY-ST-ZIP	ORANGE PARK FL	1.4 CITY-ST-ZIP	Orange Park, FL 32065
TITLE	DT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CREWS, BARTON	2.2 NAME	Delores wise
STREET ADDRESS	2609 BELLESHORE CT.	2.3 STREET ADDRESS	3684 Waterside Dr.
CITY-ST-ZIP	ORANGE PARK FL	2.4 CITY-ST-ZIP	Orange Park, FL 32065
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARALDO, DAVID	3.2 NAME	Tammy Masden
STREET ADDRESS	3828 WATERSIDE DRIVE	3.3 STREET ADDRESS	3708 Waterside Dr.
CITY-ST-ZIP	ORANGE PARK FL	3.4 CITY-ST-ZIP	Orange Park, FL 32065
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, LINDA	4.2 NAME	
STREET ADDRESS	3804 WATERSIDE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LONG, JAN	5.2 NAME	Lamar Thames
STREET ADDRESS	3720 WATERSIDE DR.	5.3 STREET ADDRESS	2697 Belleshore Ct
CITY-ST-ZIP	ORANGE PARK FL	5.4 CITY-ST-ZIP	Orange Park, FL 32065
TITLE	<input type="checkbox"/> DELETE	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, with all other like empowered.

SIGNATURE: *Delores Wise* SIGNATURE REQUIRED 3-16-99 (904) 278-1841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0001061

CR2E037 (11/98)