DOCUMENT # **N33083**

1. Entity Name

P. O. BOX 2552

Apr 27, 2000 8:00 am Secretary of State ASHEBOURNE HOMEOWNERS ASSOCIATION, INC. 02-23-2000 90010 039 ****61.25 Principal Place of Business Mailing Address P. O. BOX 2552 ORANGE PARK FL 32067-9552 ORANGE PARK FL 32067-2552 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FE! Number Applied For City & State 59-2963549 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WISE, DELORES 3684 WATERSIDE DR **ORANGE PARK FL 32065** Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Signature, typed or printed neme of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. DV TITLE Delete TITLE Change **X** Addition lark Paris MAJDANICS, JAY NAME NAME CR2E037 2653 Belleshore Ct 2681 BELLESHORE CT STREET ADDRESS STREET ADDRESS Orange Park FL 32065 **ORANGE PARK FL 32065** CITY-ST-7IP CITY-ST-ZIP Delete Change **Addition** TITLE TITLE Wise, Delores Mary Lee Trayner 3781 Waterside Dr NAME NAME 3684 WATERSIDE DR STREET ADDRESS STREET ADDRESS Drange Park, FL 32065 **ORANGE PARK FL 32065** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition MASDEN, TAMMY Klaybor NAME NAME 3612 Waterside Or 3708 WATERSIDE DR STREET ADORESS STREET ADDRESS Orange Park, FL 32065 **ORANGE PARK FL 32065** CITY-ST-ZIP CITY-ST-ZIP Defete M Change ☐ Addition TITLE TITLE Smith, Lindau 3804 Waterside Or SMITH, LINDA NAME NAME 3804 WATERSIDE DR STREET ADDRESS STREET ADDRESS Drange Park, FL 32065 ORANGE PARK FL CITY-ST-ZIP CITY-ST-ZIP Change Delete □ Addition TITLE TITLE Thames Lamar 2697 Belleshore CT THAMES, LAMAR NAME NAME 2697 BELLESHORE CT STREET ADDRESS STREET ADDRESS **CRANGE PARK FL 32065** Drange Park, Fl 32065 CRY-ST-ZIP Delete Change ☐ Addition TATLE TITLE NAME NAME

12. 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 report of supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

2-7-00 904 278-1841