

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90037 047 ****61.25

DOCUMENT # N33083

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2963549

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SMITH, LINDA M.~~
~~3804 WATERSIDE DRIVE~~
~~ORANGE PARK FL 32065~~

Name

Clark Paris

Street Address (P.O. Box Number is Not Acceptable)

2653 Belleshore Ct.

Orange Park

City

FL

Zip Code

32065

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

Clark Paris

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **DP**
 STREET ADDRESS **PARIS, CLARK**
 CITY-ST-ZIP **2653 BELLESHORE CT.**
ORANGE PARK FL 32065

TITLE ☐ Change ☒ Addition
 NAME **DIRECTOR**
 STREET ADDRESS **MIKE MARINO**
 CITY-ST-ZIP **2634 BELLESHORE CT.**
ORANGE PARK, FL 32065

TITLE ☐ Delete
 NAME **DT**
 STREET ADDRESS **TRAYNER, MARY LEE**
 CITY-ST-ZIP **3781 WATERSIDE DR**
ORANGE PARK FL 32065

TITLE ☐ Change ☒ Addition
 NAME **DIRECTOR**
 STREET ADDRESS **BETSY MENARD**
 CITY-ST-ZIP **3767 WATERSIDE DR.**
ORANGE PARK, FL 32065

TITLE ☐ Delete
 NAME **DT**
 STREET ADDRESS **SETTLE, CATHY**
 CITY-ST-ZIP **2671 BELLESHORE**
ORANGE PARK FL 32065

TITLE ☒ Change ☐ Addition
 NAME **settle, Catherine**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **DV**
 STREET ADDRESS **THAMES, LAMAR**
 CITY-ST-ZIP **2697 BELLESHORE CT**
ORANGE PARK FL 32065

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **DS**
 STREET ADDRESS **STRATTON, MICHAEL**
 CITY-ST-ZIP **3756 WATERSIDE DRIVE**
ORANGE PARK FL 32065

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **DIRECTOR**
 STREET ADDRESS **PAUL MARTEL**
 CITY-ST-ZIP **2627 BELLESHORE CT.**
ORANGE PARK, FL 32065

TITLE ☐ Change ☒ Addition
 NAME **DIRECTOR**
 STREET ADDRESS **PAUL MARTEL**
 CITY-ST-ZIP **2627 BELLESHORE CT.**
ORANGE PARK, FL 32065

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 or 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.

SIGNATURE:

Clark Paris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

215-7610

CR2E037 (9/01)