

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2004 8:00 am
Secretary of State

02-04-2004 90046 024 ****61.25



MOORE CR2E037 (11/03)

DOCUMENT # N33083 1. Entity 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PARIS CLARK <i>2634</i> 2634 BELLESHORE CT ORANGE PARK FL 32065				<i>Mike Marino</i> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>2-24-01</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARINO, MIKE		NAME		
STREET ADDRESS	2634 BELLESHORE CT		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL 32065		CITY-ST-ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MENARD, BETSY		NAME		
STREET ADDRESS	3767 WATERSIDE DR		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL 32065		CITY-ST-ZIP		
TITLE	DT		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SETTLE, CATHERINE		NAME		
STREET ADDRESS	2671 BELLESOE		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL 32065		CITY-ST-ZIP		
TITLE	MD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARIS, CLARK		NAME		
STREET ADDRESS	2653 BELLESHORE CT.		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL 32065		CITY-ST-ZIP		
TITLE	DS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRATTON, MICHAEL		NAME		
STREET ADDRESS	3756 WATERSIDE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL 32065		CITY-ST-ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTEL, PAUL		NAME		
STREET ADDRESS	2627 BELLESHORE CT		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL 32065		CITY-ST-ZIP		
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: <i>Catherine M. Settle</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1-26-04</u> Daytime Phone # <u>904-269-9771</u>		