2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2005
Secretary of State

DOCUMENT# N33083

Entity Name: ASHEBOURNE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P. O. BOX 2552
ORANGE PARK, FL 320679552

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 2552
ORANGE PARK, FL 320679552

New Mailing Address:

FEI Number: 59-2963549 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MARINO, MIKE
2653 BELLESHORE CT
ORANGE PARK, FL 32065 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: MARINO, MIKE
Address: 2634 BELLESHORE CT
City-St-Zip: ORANGE PARK, FL 32065

Title: D ( ) Delete
Name: MENARD, BETSY
Address: 3767 WATERSIDE DR
City-St-Zip: ORANGE PARK, FL 32065

Title: DT ( ) Delete
Name: SETTLE, CATHERINE
Address: 2671 BELLESORE
City-St-Zip: ORANGE PARK, FL 32065

Title: DS ( ) Delete
Name: STRATTON, MICHAEL
Address: 3756 WATERSIDE DRIVE
City-St-Zip: ORANGE PARK, FL 32065

Title: D ( ) Delete
Name: MARTEL, PAUL
Address: 2627 BELLESHORE CT
City-St-Zip: ORANGE PARK, FL 32065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE M. SETTLE TREA 07/08/2005

Electronic Signature of Signing Officer or Director — Date