2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33083

FILED Jan 08, 2006 Secretary of State

Entity Name: ASHEBOURNE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
P. O. BOX DRANGE	(2552 : PARK, FL 320	0679552			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
P. O. BOX DRANGE	(2552 PARK, FL 320	0679552			
El Numbe	r: 59-2963549	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
DRANGE	LESHORE CT PARK, FL 320		ourpose of changing its register	red office or registered agent, or both,	
SIGNATU	IRE:				
		nic Signature of Registered Age	ont	Data	
	Electron	ile Signature of Registered Agr	eni	Date	
OFFICER	Electron S AND DIREC			Date GES TO OFFICERS AND DIRECTORS	
OFFICER itle: lame: lddress: city-St-Zip:	DP () MARINO, MIKE 2634 BELLESH	TORS:) Delete HORE CT			
itle: lame: .ddress: .ity-St-Zip: itle: lame: .ddress:	DP (MARINO, MIKE 2634 BELLESHORANGE PARINO D (MENARD, BET 3767 WATERS	TORS:) Delete : HORE CT K, FL 32065) Delete SY HIDE DR	ADDITIONS/CHANG Title: Name: Address:	GES TO OFFICERS AND DIRECTORS	
itle: lame: .ddress:	DP (MARINO, MIKE 2634 BELLESH ORANGE PARI D (MENARD, BET 3767 WATERS ORANGE PARI	TORS:) Delete : HORE CT	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTORS () Change () Addition	
itle: lame: .ddress: city-St-Zip: itle: lame: .ddress: city-St-Zip: itle: lame: .ddress:	DP (MARINO, MIKE 2634 BELLESI ORANGE PARI D (MENARD, BET 3767 WATERS ORANGE PARI DT (SETTLE, CATH 2671 BELLESC ORANGE PARI	ETORS:) Delete :- HORE CT K, FL 32065) Delete SY EIDE DR K, FL 32065) Delete JERINE DRE K, FL 32065) Delete JERINE DRE K, FL 32065) Delete JERINE DRE K, FL 32065	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	GES TO OFFICERS AND DIRECTORS () Change () Addition () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 01/08/2006