

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33083

FILED
Feb 19, 2008
Secretary of State

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 ()

Name and Address of Current Registered Agent:

MILLER, JOHN
3697 WATERSIDE DR
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: MILLER, JOHN
Address: 3697 WATERSIDE DR
City-St-Zip: ORANGE PARK, FL 32065

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

Title: DT () Delete
Name: COALTER, RICHARD
Address: 2663 BELLESHORE CT
City-St-Zip: ORANGE PARK, FL 32065

Title: D () Delete
Name: JAMES, FRANK
Address: 3793 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

Title: D () Delete
Name: SPENGLER, RAE
Address: 3613 WATERSIDE DR
City-St-Zip: ORANGE PARK, FL 32065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVP (X) Change () Addition
Name: LONG, JANICE
Address: 3720 WATERSIDE DR
City-St-Zip: ORANGE PARK, FL 32065

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

Title: DS (X) Change () Addition
Name: JAMES, FRANK
Address: 3793 WATERSIDE DRIVE
City-St-Zip: ORANGE PARK, FL 32065

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 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: JANICE LONG

VP

02/19/2008

Electronic Signature of Signing Officer or Director

Date