FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 23 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N36152 (9)

1. Corporation Name
ASHTON HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2631 NW 41ST ST., SUITE E-1 GAINESVILLE,F L 32606	2631 NW 41ST ST., SUITE E-1 GAINESVILLE,F L 32606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/18/1990
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-3015287 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 5000 N.W. 27th Court	26 P.O. Box 147050
Suite, Apt. #, etc. 22 Suite C	Suite, Apt. #, etc. 27 Suite 30
City & State 23 Gainesville, FL	City & State 28 Gainesville, FL
Zip 24 32606 Country 25 US	Zip 29 32614-7050 Country 30 US

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SMITH, BEVERLY
2631 NW 41 ST., SUITE E-1
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name: Beverly Smith
82 Street Address (P.O. Box Number is Not Acceptable): 5000 N.W. 27th Court
83: Suite C
84 City: Gainesville FL 85 Zip Code: 32606

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	ST	☐ Change ☒ Addition
NAME	BERTOLET, BETHANY	1.2 NAME	Audrey Michael	
STREET ADDRESS	5858 NW 45TH DR.	1.3 STREET ADDRESS	4535 N.W. 53rd Lane	
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	Gainesville, FL 32653	
TITLE	DV	2.1 TITLE	D	☒ Change ☐ Addition
NAME	MARZEC, JIM	2.2 NAME		
STREET ADDRESS	5412 NW 45TH DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP		
TITLE	DTS	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	GAY, GREG	3.2 NAME		
STREET ADDRESS	5320 NW 45TH DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	VP	☐ Change ☒ Addition
NAME	COSTAKIS, DAVID	4.2 NAME	Eric Sobel	
STREET ADDRESS	5616 NW 45TH DR.	4.3 STREET ADDRESS	4506 N.W. 58th Place	
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	D	5.1 TITLE	D	☐ Change ☒ Addition
NAME	BRYANT, CAROL	5.2 NAME	Don West	
STREET ADDRESS	5617 NW 45TH DRIVE	5.3 STREET ADDRESS	5848 N.W. 54th Drive	
CITY-ST-ZIP	GAINESVILLE FL	5.4 CITY-ST-ZIP	Gainesville, FL 32653	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Audrey Michael 3/13/95 904 377-5280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002000