FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

FILED
Apr 30 1996 8:00am
Secretary of State

DOCUMENT # N36152 (9)

1. Corporation Name
ASHTON HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5000 N.W. 27TH COURT SUITE C GAINESVILLE FL 32606 US	P.O. BOX 147050 SUITE 30 GAINESVILLE,F L 32614-7050 US

3. Date Incorporated or Qualified: 01/18/1990
3a. Date of Last Report: 03/23/1995
4. FEI Number: 59-3015287 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SMITH, BEVERLY
5000 N.W. 27TH COURT
SUITE C
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	BERTOLET, BETHANY		1.2 NAME	Dale Boudreau	
STREET ADDRESS	5858 NW 45TH DR.		1.3 STREET ADDRESS	5831 NW 45 Drive	
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP	Gainesville, FL 32653	
TITLE	D	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	MARZEC, JIM		2.2 NAME	William Monahan	
STREET ADDRESS	5412 NW 45TH DR.		2.3 STREET ADDRESS	5704 NW 45 Drive	
CITY-ST-ZIP	GAINESVILLE FL		2.4 CITY-ST-ZIP	Gainesville, FL 32653	
TITLE	PD	☒ DELETE	3.1 TITLE		☐ 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	VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SOBEL, ERIC		4.2 NAME		
STREET ADDRESS	4506 N.W. 58TH PLACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		4.4 CITY-ST-ZIP		
TITLE	XX	☐ DELETE	5.1 TITLE	STD	☒ Change ☐ Addition
NAME	WEST, DON		5.2 NAME		
STREET ADDRESS	5848 N.W. 54TH DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		5.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	6.1 TITLE	PD	☒ Change ☐ Addition
NAME	MICHAEL, AUDREY		6.2 NAME		
STREET ADDRESS	4535 N.W. 53RD LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: Don West 4/23/96 352 955-2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #