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Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **N36152** **(9)**

1. Corporation Name

ASHTON HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2830 NW 41ST ST SUITE F GAINESVILLE FL 32606 US	P.O. BOX 147050 SUITE 30 GAINESVILLE,F L 32614-7050 US

3. Date Incorporated or Qualified: 01/18/1990

4. FEI Number: 59-3015287 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 Street
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State: FL
29 Zip 30 Country

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SMITH, BEVERLY K
2830 NW 41ST ST
SUITE F
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name: K.
82 Street Address (P.O. Box Number is Not Acceptable): Street
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	D	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	BOUDREAU, DALE		1.2 NAME	Morgan, Norman	
STREET ADDRESS	5831 NW 45 DRIVE		1.3 STREET ADDRESS	5808 NW 45th Drive	
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP	Gainesville, FL 32653	
TITLE	PD	☒ DELETE	2.1 TITLE	PD	☐ Change ☒ Addition
NAME	MONAHAN, WILLIAM		2.2 NAME	Costalis, David	
STREET ADDRESS	5704 NW 45 DRIVE		2.3 STREET ADDRESS	5616 NW 45th Drive	
CITY-ST-ZIP	GAINESVILLE FL		2.4 CITY-ST-ZIP	Gainesville, FL 32653	
TITLE	VD	☐ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	SNYDER, GEORGE		3.2 NAME		
STREET ADDRESS	5316 NW 46TH TERR		3.3 STREET ADDRESS	Terrace	
CITY-ST-ZIP	GAINESVILLE FL		3.4 CITY-ST-ZIP	32653	
TITLE	SD	☒ DELETE	4.1 TITLE	STD	☐ Change ☒ Addition
NAME	KEETON, JUANITA		4.2 NAME	Kreis, Pat	
STREET ADDRESS	4424 NW 58TH PL		4.3 STREET ADDRESS	5714 NW 45th Drive	
CITY-ST-ZIP	GAINESVILLE FL		4.4 CITY-ST-ZIP	Gainesville, FL 32653	
TITLE	TD	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	ELLIFRITT, MARY ELLEN		5.2 NAME		
STREET ADDRESS	5443 NW 45TH DR		5.3 STREET ADDRESS	Drive	
CITY-ST-ZIP	GAINESVILLE FL		5.4 CITY-ST-ZIP	32653	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: David P Costalis 3/31/98 852-374-8090