2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State
04-16-2002 90037 049 ****61.25

DOCUMENT # N36152

1. Entity Name

ASHTON HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5200 N.W. 43RD STREET.. STE 102-217 GAINESVILLE FL 32606 US	5200 N.W. 43RD STREET.. STE 102-217 GAINESVILLE FL 32606 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MENET, DAVID E 703 N.E. 1ST STREET GAINESVILLE FL 32601	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KUKULKA, NANCY 4512 N.W. 58TH AVENUE GAINESVILLE FL 32653	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Tompkins, Rhonda 5444 NW 46th Terr Gainesville, Fl 32653	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CRIPE, CINDY 5518 N.W. 45TH DRIVE GAINESVILLE FL 32653	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Bessette, Sandi 4517 NW 58 Pl Gainesville, Fl 32653	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ORNSTEIN, BARBARA 4526 N.W. 58TH PLACE GAINESVILLE FL 32653	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Trobaugh, Marcus 4524 NW 53 Ln Gainesville, Fl 32653	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ALBRECHT, RICHARD 4306 N.W. 58TH AVENUE GAINESVILLE FL 32653	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Albrecht, Richard 4306 NW 58 Pl Gainesville, Fl 32653	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURLESON, GORDON 5331 N.W. 45TH DRIVE GAINESVILLE FL 32653	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Glassman, Dan 4429 NW 58 Pl. Gainesville, Fl 32653	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Barbara H Ornstein 4/2/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #