


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N36152 1. Entity Name ASHTON HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 5200 N.W. 43RD STREET., STE 102-217 GAINESVILLE, FL 32606 US	Mailing Address 5200 N.W. 43RD STREET., STE 102-217 GAINESVILLE, FL 32606 US
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DO NOT WRITE IN THIS SPACE



01032005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3015287	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KORNER, JAMES R
5200 N.W. 43RD STREET
SUITE 102-217
GAINESVILLE, FL 32653

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: James R Korner (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMOCK, DAVID 5858 NW 45TH DRIVE GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GEORGE, SNYDER 5316 NW 46TH TERRACE GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BERRY, CHERYL 4418 NW 58TH AVENUE GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KORNER, JAMES 4435 NW 58TH AVENUE GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOULTHROP, JAMES 4327 NW 58TH AVENUE GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONAHAN, BILL 5704 NW 45TH DRIVE GAINESVILLE, FL 32653

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01/11/05-80030-002 61.25

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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: James R Korner SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: _____ DAYTIME PHONE #: _____