## **2007 NOT-FOR-PROFIT CORPORATION**

## **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **DOCUMENT # N36152**

ASHTON HOMEOWNERS ASSOCIATION, INC.



Mar 21, 2007 8:00 am Secretary of State 03-21-2007 90030 024 \*\*\*\*61.25

352-278-0900

**FILED** 

							TIE					
Principal Plac 5200 N.W. 4 GAINESVILLE	3RD STREET	5200	Mailing Address 5200 N.W. 43RD STREET., STE 102-217 GAINESVILLE, FL 32606 US									
2. Principal P	lace of Busin	3. Mai	3. Mailing Address						HE (181 218)   BIBI			
Suite, Apt.	#, etc.	Su	Suite, Apt. #, etc.				03192007	Chg-NP	CR2E	E037 (12/06)		
City & Stat	е	Cit	City & State				4. FEI Number 59-3015				oplied For	
Zip	Country			Zip Cou				5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name	nt Registere	Registered Agent			7. Name and Address of New Registered Agent						
NEWSOME, MICHAEL S						Name Steve Schlochta						
5200 N.W.						Street Address (P.O. Box Number is Not Acceptable)						
SUITE 102			<i>57</i> 700			0.11.	/					
GAINESVILLE, FE 32653							5200 N.W. 43rd Street, Swite 102-217  City GA, Nasvila FL 32653					
							A, Ne	solla	·	F	L   3265	<b>5</b> ≥
<ol> <li>8. The above the obligat</li> </ol>	named entity tions of regist	submits this statement ered agent.	for the durp	ose of changing its	register	ed office or	registere	ed agent, or both	i, in the State o	of Florida. I a	ım familiar with,	and accept
ū	,									2/10/		
SIGNATURE .									•	3/19/	07	
	Signature, typed	printed name of registered age	ent and tipe it app	Micable. (NO)	E: Registere	d Agent signati	ate required v	when reinstating)		, DAT	E	
	Filing Fe		Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees			eck payable to partment of S			
10.	94	OFFICERS AND D	DIRECTORS		11.		A	DDITIONS/CHA	NGES TO OFF	ICERS AND	DIRECTORS IN	I 10
TITLE	PD			☐ Delete		Ξ					☐ Change	Addition
NAME STREET ADDRESS	SMOCK D	DAVID 45TH DRIVE		NAM STRE								
CITY-ST-ZIP		ILLE, FL 32653		CITY								
TITLE	VD			☐ Delete T		<u> </u>					☐ Change	Addition
NAME	1	SNYDER		NA Str 1 cit								
STREET ADDRESS CITY-ST-ZIP		46TH TERRACE ILLE, FL 32653										
TITLE	SD		***								☐ Change	Addition
NAME	BERRY, C			00000							<b>_</b> <i>,</i> -	
STREET ADDRESS CITY+ST-ZIP	1	58TH AVENUE ILLE, FL 32653		STE								
TITLE	TD			<b>⊠</b> Delete		CITY-ST-ZIP		7)			☐ Change	Addition
NAME	1	E, MICHAEL S		N DOIGH			ナ 5ナ	Per Schla	e late			Addition
STREET ADDRESS		58TH AVENUE		STRE			52	tere Schlachte 200 NW 43rd Shut, Surk 1028217 BANGGUL FL 32606				
CITY-ST-ZIP	D	ILLE, FL 32653				-ST-ZIP		ALLOSALLO	FC 3	<u> 260 6</u>		
TITLE NAME	-	ROP, JAMES		☐ Delete	TITLE						☐ Change	☐ Addition
STREET ADDRESS	1	58TH AVENUE		STRE								
CITY-ST-ZIP	<del>-</del>				CITY	-ST-ZIP						
TITLE NAME	D MONAHAI	N RIII		<b>∤</b> Z Delete	TIŤĻI NAM		20	SOL BAL	γ		☐ Change	Addition
STREET ADDRESS	ii			NAM STRE			45	14 NW	531d L1	we		
CITY-ST-ZIP	CITY-ST-ZIP GAINESVILLE, FL 32653				CITY-ST-ZIP 6A			seph BAH 14 NW ws.lle R	232	653		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.												