2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03192007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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

NEWSOME, MICHAEL S
5200 N.W. 43RD STREET
SUITE 102-217
GAINESVILLE, FL 32653

7. Name and Address of New Registered Agent

Name Steve Schlachta
Street Address (P.O. Box Number is Not Acceptable)
5200 N.W. 43rd Street, Suite 102-217
City Gainesville **FL** Zip Code 32653

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 _____ 3/19/07
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SMOCK, DAVID 5858 NW 45TH DRIVE GAINESVILLE, FL 32653	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GEORGE, SNYDER 5316 NW 46TH TERRACE GAINESVILLE, FL 32653	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BERRY, CHERYL 4418 NW 58TH AVENUE GAINESVILLE, FL 32653	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD NEWSOME, MICHAEL S 4317 NW 58TH AVENUE GAINESVILLE, FL 32653	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Steve Schlachta 5200 NW 43rd Street, Suite 102-217 Gainesville FL 32606 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOULTHROP, JAMES 4327 NW 58TH AVENUE GAINESVILLE, FL 32653	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MONAHAN, BILL 5704 NW 45TH DRVIE GAINESVILLE, FL 32653	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Joseph Ball 4514 NW 53rd Lane Gainesville FL 32653 ☐ Change ☒ Addition

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.

SIGNATURE: _____ 3/19/07 352-278-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #