2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State
03-07-2003 90067 044 ****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

☐ CHECK HERE IF MAKING CHANGES

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

MENET, DAVID E
703 N.E. 1ST STREET
GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

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

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 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 TOMPKINS, RHONDA 5444 NW 46TH TERR GAINESVILLE FL 32653	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SPURLIN, SHEILA 5412 NW 45TH DR. GAINESVILLE, FL 32653	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BESSETTE, SANDI 4517 NW 58 PLACE GAINESVILLE FL 32653	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DAVID SMOCK VD 5858 NW 45TH DR GAINESVILLE, FL 32653	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TROBAUGH, MARCUS 4524 NW 53 LANE GAINESVILLE FL 32653	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JAMES KORNER 4435 NW 58TH AVE GAINESVILLE, FL 32653	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ALBRECHT, RICHARD 4306 NW 58 PLACE GAINESVILLE FL 32653	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GLASSMAN, DAN 4429 NW 58 PLACE GAINESVILLE FL 32653	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MARCUS TRABAUGH D 4524 NW 53RD LANE GAINESVILLE FL 32653	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: SIGNATURE REQUIRED RICHARD ALBRECHT 2/19/03 352-372-1661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR