

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90065 016 ****61.25

DOCUMENT # N43024

1. Entity Name
ASHLEY OAKS CIVIC ASSOCIATION, INC.



Principal Place of Business
3715 FALLON OAKS DR
JACKSONVILLE, FL 32277-9704 US

Mailing Address
P O BOX 11065
JACKSONVILLE, FL 32239

24051335



2. Principal Place of Business
7869 Charlotte Oaks Ln
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01122004 Chg-NP CR2E037 (10/03)

City & State
Jacksonville FL
Zip
32277 Country
USA

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Jacksonville FL
Zip
32277 Country
USA

4. FEI Number
59-3060707 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DORAN, BRIAN P
3715 FALLON OAKS DR
JACKSONVILLE, FL 32277-9704

7. Name and Address of New Registered Agent

Name
Middleton, Tanya
Street Address (P.O. Box Number is Not Acceptable)
7869 Charlotte Oaks Ln
City
Jacksonville FL Zip Code
32277

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: Tanya Middleton Tanya Middleton Treasurer 4/15/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROPER, REGINALD L 3718 FALLON OAKS DR JACKSONVILLE, FL 322779704	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHACKMANN, DIANA 3809 FEATHER OAKS DR JACKSONVILLE, FL 322779704	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DORAN, BRIAN P 3715 FALLON OAKS DR JACKSONVILLE, FL 322779704	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BELL, GREGORY 7877 CHARLOTTE OAKS LANE JACKSONVILLE, FL 322779704	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Roper, Cora 3718 Fallon Oaks Dr Jacksonville, FL 32277	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Pearack, Mark Feather Oaks Dr. Jacksonville, FL 32277	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Middleton, Tanya 7869 Charlotte Oaks Ln Jacksonville, FL 32277	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Lee, Gary 3636 Fallon Oaks Dr Jacksonville, FL 32277	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Tanya Middleton Tanya Middleton 4/15/04 605-5723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #