2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N43024

1. Entity Name
ASHLEY OAKS CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7869 CHARLOTTE OAKS LANE JACKSONVILLE, FL 32277 US	P O BOX 11065 JACKSONVILLE, FL 32239

04052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

MIDDLETON, TANYA
7869 CHARLOTTE OAKS LANE
JACKSONVILLE, FL 32277

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROPER, REGINALD
STREET ADDRESS	3718 FALLON OAKS DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32277
TITLE	SD
NAME	MAYHER, WILLIAM
STREET ADDRESS	FEATHER OAKS DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32277
TITLE	TD
NAME	MIDDLETON, TANYA
STREET ADDRESS	7869 CHARLOTTE OAKS LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32277
TITLE	VD
NAME	PEACOCK, MARK
STREET ADDRESS	FEATHER OAKS DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32277
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000515987
04/29/06-80234-005 61.25

DO NOT WRITE IN THIS SPACE

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: Tanya Middleton Tanya Middleton 4/5/06 904 665-5723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #