


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90022 008 ****61.25

DOCUMENT # N43024 1. Entity Name ASHLEY OAKS CIVIC ASSOCIATION, INC.					
Principal Place of Business 7869 CHARLOTTE OAKS LANE JACKSONVILLE, FL 32277 US			Mailing Address P O BOX 11065 JACKSONVILLE, FL 32239		
2. Principal Place of Business - No P.O. Box # 3721 Fallon Oaks Dr.		3. Mailing Address Suite, Apt. #, etc.			
City & State Jacksonville, FL		City & State -		4. FEI Number 59-3060707	
Zip 32277		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MIDDLETON, TANYA 7869 CHARLOTTE OAKS LANE JACKSONVILLE, FL 32277				7. Name and Address of New Registered Agent Name Robert V. Cronin Street Address (P.O. Box Number is Not Acceptable) 3721 Fallon Oaks Dr. 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. Robert V. Cronin: Treasurer SIGNATURE Robert V. Cronin April 9, 2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 ROPER, REGINALD 3718 FALLON OAKS DR. JACKSONVILLE, FL 32277	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Regena Perry 3657 Manor Oaks Dr Jacksonville, FL, 32277	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAYHER, WILLIAM FEATHER OAKS DR. JACKSONVILLE, FL 32277	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Julia Cahill 3770 Feather Oaks Dr., East 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 LANE JACKSONVILLE, FL 32277	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Robert V. Cronin 3721 Fallon Oaks Dr. Jacksonville, FL, 32277	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PEACOCK, MARK FEATHER OAKS DR. JACKSONVILLE, FL 32277	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 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. Robert V. Cronin: Treasurer SIGNATURE: Robert V. Cronin April 9, 2007 904-744-5872 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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