

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000616

FILED
Apr 21, 2008
Secretary of State

Entity Name: ASHBY COVE ESTATES ASSOC., INC.

Current Principal Place of Business:

112 ASHBY COVE LANE
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1214
NEW SMYRNA BEACH, FL 32170

New Mailing Address:

FEI Number: 59-3759140

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VARNON, JEFFREY
112 ASHBY COVE LANE
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VARNON, JEFFREY
Address: 112 ASHBY COVE LANE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: V () Delete
Name: ROSE, MATTHEW
Address: 129 ASHBY COVE LANE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D () Delete
Name: SHUMAKER, JOYCE
Address: 109 ASHBY COVE LANE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: S () Delete
Name: TOOT, TAMMY
Address: 136 ASHBY COVE LANE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: T () Delete
Name: HALL, DIANA
Address: 377 EQUESTRIANS WAY
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WHITTEN, SCARLETT
Address: 142 ASHBY COVE LANE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAMMY TOOT

S

04/21/2008

Electronic Signature of Signing Officer or Director

Date