

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000616

FILED  
Apr 15, 2009  
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: WHITTEN, SCARLETT  
Address: 142 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, JOE  
Address: 142 ASHBY COVE LANE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: S (X) Change ( ) Addition  
Name: HALL, DIANA  
Address: 377 EQUESTRIANS WAY  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: T (X) Change ( ) Addition  
Name: PATIENT, DORIS  
Address: 184 ASHBY COVE LANE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: DIANA BREEDLOVE-HALL

SECT

04/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date