2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2012
Secretary of State

DOCUMENT# N92000000616

Entity Name: ASHBY COVE ESTATES ASSOC., INC.

Current Principal Place of Business:

200 ASHBY COVE LANE
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

200 ASHBY COVE LANE
NEW SMYRNA BEACH, FL 32168

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:

HALL, DIANA
377 EQUESTRIANS WAY
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

PATIENT, DORIS
184 ASHBY COVE LANE
NEW SMYRNA BEACH, FL 32168 US

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: DORIS PATIENT 04/12/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: PETERS, MIKE
Address: 196 ASHBY COVE LANE
City-St-Zip: NEW SMYRNA BEAC H, FL 32168

Title: V
Name: BELANGER, ROCKY
Address: 117 ASHBY COVE LANE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D
Name: DERR, ROBERT
Address: 135 BUCKHORN ROAD
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: S
Name: PATIENT, DORIS
Address: 184 ASHBY COVE LANE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: T
Name: FOSTER, BARBARA
Address: 380 EQUESTRAINS WAY
City-St-Zip: NEW SMYRNA BEACH, FL 32168

I hereby 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 all other like empowered.

SIGNATURE: DORIS PATIENT S 04/12/2012
Electronic Signature of Signing Officer or Director Date