

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90021 042 ****70.00

DOCUMENT # N93000002070

1. Entity Name
ALESBURY HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
13715 ALESBURY CT.
JACKSONVILLE, FL 32224 US

Mailing Address
13715 ALESBURY CT.
JACKSONVILLE, FL 32224 US

40057859



2. Principal Place of Business - No P.O. Box #
4129 ALESBURY DR.

3. Mailing Address
4129 ALESBURY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02012008 Chg-NP CR2E037 (12/06)

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

4. FEI Number
59-3205348

Applied For
Not Applicable

Zip Country
32224 US

Zip Country
32224 US

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DEBOER, R.H.
13715 ALESBURY COURT
JACKSONVILLE, FL 32224

7. Name and Address of New Registered Agent

Name
FOSTER, DAVE
Street Address (P.O. Box Number is Not Acceptable)

4129 ALESBURY DR.
City **JACKSONVILLE** FL Zip Code **32224**

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 **R.H. DeBoer**

1/31/2008

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LYONNAIS, DENNIS
13792 ALESBURY CT.
JACKSONVILLE, FL 32224 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
MICHEAL, RON
4066 ALESBURY DR
JACKSONVILLE, FL 32224 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
DEBOER, R.H.
13715 ALESBURY CT.
JACKSONVILLE, FL 32224 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
UNDERWOOD, BRENDA
4042 ALESBURY CT.
JACKSONVILLE, FL 32224 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HURDMAN, THOMAS
4050 ALESBURY DR.
JACKSONVILLE, FL 32224 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
JENKINS, KEN
13781 ALESBURY CT.
JACKSONVILLE, FL 32224 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
FOSTER, DAVE
4129 ALESBURY DR.
JACKSONVILLE, FL 32224 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
MANTAY, CARMEN
13714 ALESBURY CT.
JACKSONVILLE, FL 32224 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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.

SIGNATURE: **Thomas F. Hurdman**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/08
Date

904-821-7158
Daytime Phone #