2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2009
Secretary of State

DOCUMENT# N93000002070

Entity Name: ALESBURY HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

4129 ALESBURY DR.
JACKSONVILLE, FL 32224 US

New Principal Place of Business:

Current Mailing Address:

4129 ALESBURY DR.
JACKSONVILLE, FL 32224 US

New Mailing Address:

FEI Number: 59-3205348 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOSTER, DAVE
4129 ALESBURY DR.
JACKSONVILLE, FL 32224 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: PD ( ) Delete
Name: HURDMAN, THOMAS
Address: 4050 ALESBURY DR.
City-St-Zip: JACKSONVILLE, FL 32224

Title: VPD ( ) Delete
Name: JENKENS, KEN
Address: 13781 ALESBURY CT.
City-St-Zip: JACKSONVILLE, FL 32224

Title: TD ( ) Delete
Name: FOSTER, DAVE
Address: 4129 ALESBURY DR.
City-St-Zip: JACKSONVILLE, FL 32224

Title: SD ( ) Delete
Name: CARMEN, MANTAY
Address: 13714 ALESBURY CT.
City-St-Zip: JACKSONVILLE, FL 32224

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: JENKINS, KEN
Address: 13781 ALESBURY COURT
City-St-Zip: JACKSONVILLE, FL 32224

Title: VPD (X) Change ( ) Addition
Name: ARNOLD, ANDY
Address: 4121 ALESBURY DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

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

Title: SD (X) Change ( ) Addition
Name: CARR, MARY
Address: 13762 ALESBURY COURT
City-St-Zip: JACKSONVILLE, FL 32224

Title: DR ( ) Change (X) Addition
Name: PARKER, ALEX
Address: 13746 ALESBURY COURT
City-St-Zip: JACKSONVILLE, FL 32224

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: DAVE FOSTER TD 04/25/2009

Electronic Signature of Signing Officer or Director Date