

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 24 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004515 (3)

1. Corporation Name

ASHLEY MANOR HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**8351 WESTPORT RD.
JACKSONVILLE FL 32244**

Mailing Address

**8351 WESTPORT RD.
JACKSONVILLE FL 32244**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1993

3a. Date of Last Report

03/17/1994

4. FEI Number

59-3192742

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 1890 S 14th Street

2a. Mailing Address

26 P O Box 1408

Suite, Apt. #, etc.

22 Suite 105

Suite, Apt. #, etc.

27

City & State

23 Fernandina Beach, FL

City & State

28 Fernandina Beach, FL

Zip

24 32034

Country

25 US

Zip

29 32035-1408

Country

30 US

9. Name and Address of Current Registered Agent

**SHEETS, BARBARA
8344 WESTPORT RD.
JACKSONVILLE FL 32244**

10. Name and Address of New Registered Agent

81 Name

Terrell J. Powell

82 Street Address (P.O. Box Number is Not Acceptable)

1890 S. 14th Street Suite 105

83

84 City

Fernandina Beach

FL

85 Zip Code

32034

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Terrell J. Powell

March 31, 1995

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

**DP
SHEETS, BARBARA
8351 WESTPORT RD.
JACKSONVILLE FL 32244**

**DS
CHRONISTER, CORINNE
8351 WESTPORT RD.
JACKSONVILLE FL 32244**

**DVT
WATSON, JAMES
8351 WESTPORT RD.
JACKSONVILLE FL 32244**

**DP
SHEETS, BARBARA
8351 WESTPORT RD.
JACKSONVILLE FL 32244**

**DS
CHRONISTER, CORINNE
8351 WESTPORT RD.
JACKSONVILLE FL 32244**

**DVT
WATSON, JAMES
8351 WESTPORT RD.
JACKSONVILLE FL 32244**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

DP

Matovina, Gregory E

2955 Hartley Road Suite 106A

Jacksonville, FL 32257

☒ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

DST

☒ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

DV

☒ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gregory E. Matovina

Gregory E. Matovina

4/7/95

904-993-0778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number