FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N93000004515 (3)

ASHLEY MANOR HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address					I DEDIGIOS DIO IDEAS SELIC ODISTO DOITO D	hann danis addin dang annan si bar asin naar
1890 S. 14TH STREET SUITE 105			P.O. BOX 1408 FERNANDINA BEACH FL 32035-1408			
FERNANDINA BEACH FL 32034 US			US		3. Date incorporated or Qualified	3a. Date of Last Report
					09/30/1993	04/24/1995
2. Principal Pla 21 <i>34</i> 80	OP HIW	Tenn	2a. Mailing Address 26 D.O. Box	30004	4. FEI Number 59-3192742	Applied For Not Applicable
Suite, Apt. 4	#, etc.		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State 23 JACK	sovalle,	FL	City & State 28 ACKS ON	nlk, FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 327.2	25 D	UKA —	26 32 23 E	30 DUVAL		Yes 🔏 No
	9. Name and Ad	dress of Current	Registered Agent		10. Name and Address of New Re	gistered Agent
				81 Name Jo	HU RHODES	
POWELL, TERRELL J B2 Street Address (F					ess (P.O. Box Number is Not Acceptable	1)
1890 S. 14TH STREET 3408.					OPHILL FER	
SUITE 1				83	•	
	idina Beach Fl				ESONULLE FL	FL 85 Zip Coole
or register	ed agent, or both, in	the State of Florida	and 617.1508, Florida Statu a. Such change was authori in 617.0503, Florida Statute	ized by the corporation's boar	ation submits this statement for the purp d of directors. I hereby accept the appoin	ose of changing its registered office nament as registered agent. I am
SIGNATURE	MHOT	R. XX	09 F S	True	Cha S	11/96
	Signature, typed or printed n			iOTs. Hagistereo Agent sumature required 13.	t when reinstating) ADDITIONS/CHANGES TO OFFICE	DERS AND DIRECTORS IN 12
12.		OFFICERS AND	DIRECTORS		ZESIDE/	Change Addition
	DP	DECORV E	X		ionelle Gelles	
NAME	MATOVINA, GF	ROAD, STE 10	ve A	13 STREET ADDRESS 3	179 UPHILI TERM	•
STREET ADDRESS	JACKSONVILLI	•	MA		cksowill PL 322	25
CITY-ST-ZIP FITLE	DST	<u> </u>	VELETE		P	Change Addition
NAME	CHRONISTER,	CORINNE	7		NN RHOOKS _	
STREET ADORESS	8351 WESTPO			2.3 STREET ADORESS	480 UPHILL TEM	 -
CITY-ST-ZIP	JACKSONVILL			2 4 CITY - ST - ZIP	Acksonile, PC 32	ers.
TITLE	DV	-,-	DOELETE	3.1 TITLE 54	CITALS	hange Addition
NAME	WATSON, JAM	IES		32 NAME 5	uzanna me mchi	K The state of the
STREET ADDRESS	8351 WESTPO			3 3 STREET ADDRESS	440 Upkiel Tan	
CITY-ST-ZIP	JACKSONVILL			3.4. CITY-ST-ZIP	acknowled FC 32	2535
TITLE		2T	DELETE	4.1 TITLE		Change Addition
NAME				4. 2 NAME		
STREET ADDRESS				4 3 STREET ADDRESS		
CITY-ST-ZIP				4.4 CHTY - ST - ZIP		
TITLE			DELETE	51 TITLE		☐ Change ☐ Addition
NAME				5 2 NAME		
STREET ADDRESS				5 3 STREET ADDRESS		
CITY-ST-ZIP				5 4 CITY - ST - ZIP		· · · · · · · · · · · · · · · · · · ·
TITLE			DELETE	6 1 TITLE		Change Addition
NAME				6.2 NAME	60000187 -06/24/96010	2876 4/ -
STREET ADDRESS				6.3 STREET ADDRESS	-Ub/24/95U1U/	۱ <u>/22 ر</u>
	1			6 4 DOTY OF 70D	***61.25	(~`)·2

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 119.07(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:

RIGHALURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/9 6 Pur 826-1993

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