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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000004515

1. Corporation Name

ASHLEY MANOR HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

3480 UPHILL TERRACE  
JACKSONVILLE FL 32225  
US

Mailing Address

P.O. BOX 350004  
JACKSONVILLE FL 32235  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

09/30/1993

4. FEI Number

59-3192742

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

RHODES, JOHN  
3480 UPHILL TERRACE  
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME MINSKY, CELIA  
STREET ADDRESS 3449 UPHILL TERRACE  
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE DV  
NAME RHODES, JOHN  
STREET ADDRESS 3480 UPHILL TERRACE  
CITY-ST-ZIP JACKSONVILLE FL

TITLE DST  
NAME NEMCHIK, SUZANNA  
STREET ADDRESS 3440 UPHILL TERRACE  
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP  
1.2 NAME Alen Proctor  
1.3 STREET ADDRESS 3504 uphill terrace  
1.4 CITY-ST-ZIP Jacksonville FL 32225

2.1 TITLE DV  
2.2 NAME Dennis Parrish  
2.3 STREET ADDRESS 3503 Uphill Terr.  
2.4 CITY-ST-ZIP Jacksonville FL 32225

3.1 TITLE DST  
3.2 NAME Bryan Davidson  
3.3 STREET ADDRESS 3544 uphill terrace  
3.4 CITY-ST-ZIP Jacksonville FL 32225

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

*Alen Proctor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-99 904-744-2378  
Date Daytime Phone #

CR2E037 (11/98)