FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 31 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002356 (3)

1. Corporation Name
ASHLEY ACRES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8200 SCENIC HIGHWAY UNIT 1 PENSACOLA FL 32514	8200 SCENIC HIGHWAY UNIT 1 PENSACOLA FL 32514

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/10/1994
3a. Date of Last Report:
4. FEI Number: Applied For ☐ / Not Applicable ☑

2. Principal Place of Business 21 2780 HAWK LN	2a. Mailing Address 26 2780 HAWK LN	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State 23 PENSACOLA FLA.	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
Zip / Country 24 32533 / 25 Escambia	Zip / Country 29 / 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HAWK, CHARLES W 8200 SCENIC HWY. UNIT 1 PENSACOLA FL 32514	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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	DPRESIDENT	☐ Change ☐ Addition
NAME	HAWK, CHARLES W	12 NAME	ROBERT W. MALINSKY	
STREET ADDRESS	8200 SCENIC HWY., UNIT 1	13 STREET ADDRESS	15 FELIZ AVE	
CITY-ST-ZIP	PENSACOLA FL 32514	14 CITY-ST-ZIP	PENSACOLA FLA 32534	
TITLE	DV	21 TITLE	V.PRESIDENT	☐ Change ☐ Addition
NAME	HAWK, SCOTT R	22 NAME	CHARLES W. HAWK	
STREET ADDRESS	8200 SCENIC HWY., UNIT 1	23 STREET ADDRESS	2780 HAWK LN	
CITY-ST-ZIP	PENSACOLA FL 32514	24 CITY-ST-ZIP	PENSACOLA FLA 32533	
TITLE	DST	31 TITLE		☐ Change ☐ Addition
NAME	HAWK, GAYE O	32 NAME		
STREET ADDRESS	8200 SCENIC HWY., UNIT 1	33 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32514	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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 the 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: CHARLES W. HAWK Charles W. Hawk 6-18-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

607132B