

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90108 015 ****61.25

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DOCUMENT # N94000005267 1. Entity Name ASHFIELD OWNERS ASSOCIATION, INC.					
Principal Place of Business 7829 LONGHORN CIRCLE EAST JACKSONVILLE, FL 32244 US			Mailing Address 7829 LONGHORN CIRCLE EAST JACKSONVILLE, FL 32244 US		
2. Principal Place of Business 7267 Longhorn Circle North Suite, Apt. #, etc.		3. Mailing Address same Suite, Apt. #, etc.			
City & State Jacksonville, FL		City & State		4. FEI Number 59-3272541	
Zip 32244		Country US		Zip	
Country US		Zip		Country	
6. Name and Address of Current Registered Agent HEMPHILL, DOUGLAS 7829 LONGHORN CIRCLE EAST JACKSONVILLE, FL 32244				7. Name and Address of New Registered Agent Name Louise Rymsza Street Address (P.O. Box Number is Not Acceptable) 7267 Longhorn Circle North City Jacksonville FL 32244	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Louise G. Rymsza</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE DT <input checked="" type="checkbox"/> Delete NAME WILLIAMS, MELODY STREET ADDRESS 7243 LONGHORN CIR SOUTH CITY-ST-ZIP JACKSONVILLE, FL 32244			TITLE DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Louise Rymsza STREET ADDRESS 7267 Longhorn Circle North CITY-ST-ZIP Jacksonville, FL 32244		
TITLE DS <input type="checkbox"/> Delete NAME AUZENNE, SONYA STREET ADDRESS 7811 LONGHORN CIR EAST CITY-ST-ZIP JACKSONVILLE, FL 32244			TITLE DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Deborah Hopper STREET ADDRESS 7273 Longhorn Circle North CITY-ST-ZIP Jacksonville, FL 32244		
TITLE DP <input checked="" type="checkbox"/> Delete NAME HEMPHILL, DOUGLAS STREET ADDRESS 7829 LONGHORN CIR E. CITY-ST-ZIP JACKSONVILLE, FL 32244			TITLE DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Tina Tworkowski STREET ADDRESS 7278 Longhorn Circle South CITY-ST-ZIP Jacksonville, FL 32244		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <i>Louise G. Rymsza</i> 3/31/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					