2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000005267

1. Entity Name
ASHFIELD OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7267 LONGHORN CIRCLE N JACKSONVILLE, FL 32244 US	7267 LONGHORN CIRCLE N JACKSONVILLE, FL 32244 US

04122006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3272541
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RYMSZA, LOUISE
7267 LONGHORN CIRCLE N
JACKSONVILLE, FL 32244

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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: Louise E Rymsza Louise E Rymsza, President 4-12-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	OP
NAME	RYMSZA, LOUISE
STREET ADDRESS	7267 LONGHORN CIRCLE N
CITY-ST-ZIP	JACKSONVILLE, FL 32244
TITLE	DS
NAME	AUZENNE, SONYA
STREET ADDRESS	7811 LONGHORN CIR EAST
CITY-ST-ZIP	JACKSONVILLE, FL 32244
TITLE	DVP
NAME	HOPPER, DEBORAH
STREET ADDRESS	7273 LONGHORN CIRCLE N
CITY-ST-ZIP	JACKSONVILLE, FL 32244
TITLE	DT
NAME	TWORKOWSKI, TINA
STREET ADDRESS	7278 LONGHORN CIRCLE N
CITY-ST-ZIP	JACKSONVILLE, FL 32244
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/06-80228-007 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Louise E Rymsza Louise E Rymsza 4-12-06 (904) 772-1043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #