

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005267

FILED  
Apr 17, 2008  
Secretary of State

Entity Name: ASHFIELD OWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

7267 LONGHORN CIRCLE N  
JACKSONVILLE, FL 32244 US

## New Principal Place of Business:

8282 WESTERN WAY CIRCLE, STE. # 1101  
JACKSONVILLE, FL 32256 US

## Current Mailing Address:

7267 LONGHORN CIRCLE N  
JACKSONVILLE, FL 32244 US

## New Mailing Address:

8282 WESTERN WAY CIRCLE, STE. # 1101  
JACKSONVILLE, FL 32256 US

FEI Number: 59-3272541

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

RYMSZA, LOUISE  
7267 LONGHORN CIRCLE N  
JACKSONVILLE, FL 32244 US

## Name and Address of New Registered Agent:

ROGERS, BARBARA M  
8282 WESTERN WAY CIR., STE. # 1101  
JACKSONVILLE, FL 32256 US

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.

SIGNATURE: BARBARA M. ROGERS

04/17/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP (X) Delete  
Name: RYMSZA, LOUISE  
Address: 7267 LONGHORN CIRCLE N  
City-St-Zip: JACKSONVILLE, FL 32244

Title: DS ( ) Delete  
Name: AUZENNE, SONYA  
Address: 7811 LONGHORN CIR EAST  
City-St-Zip: JACKSONVILLE, FL 32244

Title: DVP ( ) Delete  
Name: VISAGGIO, CAROL  
Address: 7272 S. LONGHORN CIR  
City-St-Zip: JACKSONVILLE, FL 32244

Title: DT ( ) Delete  
Name: TWORKOWSKI, TINA  
Address: 7278 LONGHORN CIRCLE N  
City-St-Zip: JACKSONVILLE, FL 32244

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DP (X) Change ( ) Addition  
Name: VISAGGIO, CAROL  
Address: 7272 S. LONGHORN CIR  
City-St-Zip: JACKSONVILLE, FL 32244

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: H. DAVID ROGERS, JR., LCAM, FL

MGR

04/17/2008

Electronic Signature of Signing Officer or Director

Date