

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005267

FILED
Apr 07, 2009
Secretary of State

Entity Name: ASHFIELD OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3272541

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: DP () 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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (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:

Title: DP () Change (X) Addition
Name: TUTT, TAMMY
Address: 7816 LONGHORN CIR., EAST
City-St-Zip: JACKSONVILLE, FL 32244

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: BARBARA M. ROGERS

MGR

04/07/2009

Electronic Signature of Signing Officer or Director

Date