2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2005 8:00 am Secretary of State

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DOCUMENT # N95000004474 1. Entity Name ASHFORD GLEN HOMEOWNERS ASSOCIATION, INC.						02-25-2005	=		
Principal Place of Business 1815 MICCOSUKEE COMMONS DR TALLAHASSEE, FL 32308 US Mailing Address PO BOX 14019 TALLAHASSEE, FL 32317				S	J (Service) Sile (St		im sun câm su	II SIMII ITTIL TIYII	(11) 11: 1111:
Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-NP	CR2E03	7 (10/03)	• •
City & State		City & State	City & State		4. FEI Number Applied For				
Zip	Country	Zip	Zip Cour		5. Certificate of Status Desired		Not Applicable S8.75 Additional Fee Required		
_ `	6Name and Address of Current	Backtered America			7. Name and Ad	Idress of New			·
		Hegistared Agent		Name	/, Name and At	101899 O1 148#	negistered A	Aeur	
SEGAL, TRACY 1815 MICCOSUKEE COMMONS DR SUITE 104				Street Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE, FL 32308									
				City			FL	Zip Code	•
	named entity submits this statement foins of registered agent.	or the purpose of changing its	registere	ed office or regist	tered agent, or both,	in the State of F	florida. I am f	amiliar with,	and accept
	· .								-
SIGNATURE.		and title if applicable. (NOT	E: Registered	d Agent signature requir	red when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	<u>. </u>	d Agent signature requir			Make checi	* · · · · · · · · · · · · · · · · · · ·	
·	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2005	9. Election Cal Trust Fund (mpaign F Contributi	inancing	\$5.00 May Be Added to Fees	Fk	Make checi orlda Depar	lment of St	ate
10.	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DI	9. Election Car Trust Fund (mpaign F Contributi	inancing ion.	\$5.00 May Be	Fk	Make checi orlda Depar	TECTORS IN	10
·	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2005	9. Election Cal Trust Fund (mpaign F Contributi 11. TITLE NAMI	inancing ion.	\$5.00 May Be Added to Fees	Fk	Make checi orlda Depar	lment of St	ate
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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 approvered.

SIGNATURE:

MURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Summer J. Pfeiffer

2 19 05 385- 009

Daytime Phone #