2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90414 018 ****61.25

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1. Entity Name
ASHFORD GLEN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1815 MICCOSUKEE COMMONS DR TALLAHASSEE, FL 32308 US	PO BOX 14019 TALLAHASSEE, FL 32317 US

qu07040c

01052006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-3357321
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~SEGAL, TRACY~~ Tammy S. Daughtry
1815 MICCOSUKEE COMMONS DR
SUITE 104
TALLAHASSEE, FL 32308

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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 _____ Tammy S. Daughtry 3-14-06
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, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	~~D~~ P
NAME	~~STEWART, CHERYL~~ LEE ROY Pafford
STREET ADDRESS	~~9775 WYNTREE~~ 218 GlenBrook Ct
CITY-ST-ZIP	~~TALLAHASSEE, FL 32311~~ Tallahassee, FL 32317
TITLE	DT
NAME	BLAKELY, CANDACE
STREET ADDRESS	143 PENDLETON AVENUE
CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	~~PD~~ SD
NAME	~~PFEIFFER, SUMMER~~ Natalie Whitmeire
STREET ADDRESS	~~9783 WYMAREE~~ 9870 Brook Hollow LN
CITY-ST-ZIP	~~TALLAHASSEE, FL 32311~~ Tallahassee, FL 32311
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Candace Blakely 3/14/06 942-7861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #