

**2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Oct 30, 2005**  
**Secretary of State**

DOCUMENT# N97000003077

**Entity Name:** ASHFORD UNIT THREE OWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**9859 STAPLE INN CT.  
JACKSONVILLE, FL 32221 US**New Principal Place of Business:**9858 STAPLE INN CT.  
JACKSONVILLE, FL 32221 US**Current Mailing Address:**P.O. BOX 7567  
JACKSONVILLE, FL 322380567 US**New Mailing Address:****FEI Number:** 59-3446453      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**HALL, GEORGE H.G.  
4736 BLANDING BLVD  
JACKSONVILLE, FL 32210 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:** 1VP ( ) Delete  
**Name:** BURTON, RICHARD P.  
**Address:** 458 PORTOBELLO DRIVE  
**City-St-Zip:** JACKSONVILLE, FL 32221**Title:** 2VP ( ) Delete  
**Name:** HYATT, REBECCA L.  
**Address:** 9757 OXFORD STATION DRIVE  
**City-St-Zip:** JACKSONVILLE, FL 32221**Title:** S ( ) Delete  
**Name:** COY, PATRICIA  
**Address:** 9791 OXFORD STATION DRIVE  
**City-St-Zip:** JACKSONVILLE, FL 32221**Title:** P ( ) Delete  
**Name:** FITZGERALD, ROSETTA  
**Address:** 9867 STAPLE INN CT.  
**City-St-Zip:** JACKSONVILLE, FL 32221**Title:** M ( ) Delete  
**Name:** PARRISH, GLEN  
**Address:** 9721 OXFORD STATION ROAD  
**City-St-Zip:** JACKSONVILLE, FL 32221**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** M (X) Change ( ) Addition  
**Name:** PETERSON, HAROLD  
**Address:** 9774 BROCKHAM COURT  
**City-St-Zip:** JACKSONVILLE, FL 32221**Title:** P (X) Change ( ) Addition  
**Name:** WRIGHT, TIMOTHY  
**Address:** 9858 STAPLE INN CT.  
**City-St-Zip:** JACKSONVILLE, FL 32221**Title:** M (X) Change ( ) Addition  
**Name:** PARRISH, GLENN  
**Address:** 9721 OXFORD STATION ROAD  
**City-St-Zip:** JACKSONVILLE, FL 32221

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TIMOTHY WRIGHT

P

10/30/2005

Electronic Signature of Signing Officer or Director

Date