2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003077

FILED Apr 27, 2007 Secretary of State

Entity Name: ASHFORD UNIT THREE OWNER'S ASSOCIATION, INC.

Current Pr	incipal Place of Business:	New Principal Place of Business:
9858 STAP JACKSON\	LE INN CT. /ILLE, FL 32221 US	
Current Mailing Address:		New Mailing Address:
P.O. BOX 7567 JACKSONVILLE, FL 322380567 US		2900 HARTLEY ROAD JACKSONVILLE, FL 32257 US
FEI Number:	59-3446453 FEI Number Applied Fo	or () FEI Number Not Applicable () Certificate of Status Desired ()
Name and	Address of Current Registered Ag	gent: Name and Address of New Registered Agent:
HALL, GEC 4736 BLAN JACKSON\		
The above in the State		for the purpose of changing its registered office or registered agent, or both,
SIGNATUR	E:	
	Electronic Signature of Registe	ered Agent Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	1VP () Delete BURTON, RICHARD P. 458 PORTOBELLO DRIVE JACKSONVILLE, FL 32221	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	2VP () Delete HYATT, REBECCA L. 9757 OXFORD STATION DRIVE JACKSONVILLE, FL 32221	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	M () Delete PETERSON, HAROLD 9774 BROCKHAM COURT JACKSONVILLE, FL 32221	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	P () Delete WRIGHT, TIMOTHY 9858 STAPLE INN CT. JACKSONVILLE, FL 32221	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	M () Delete PARRISH, GLENN 9721 OXFORD STATION ROAD JACKSONVILLE, FL 32221	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: CLINT PYLE MGR 04/27/2007