SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 29, 1999 8:00 am
Secretary of State
07-29-1999 90022 035 ****61.25

DOCUMENT # N97000004723

1. Corporation Name
ASHTON HILLS HOMEOWNERS ASSOCIATION, INC.

598474 - 90022 - 35

Principal Place of Business	Mailing Address
5522 OAK CROSSING DR JACKSONVILLE FL 32244	5522 OAK CROSSING DR JACKSONVILLE FL 32244

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26 6015 MORROW ST E	08/19/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 107	4. FEI Number 59-2316950 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Jacksonville, FL	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 32217 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
YONGE, PHILLIP D 5522 OAK CROSSING DR JACKSONVILLE FL 32244	81 Name: BANNING MANAGEMENT 82 Street Address (P.O. Box Number is Not Acceptable): 6015 MORROW ST E SUITE 107 83 84 City: Jacksonville FL 85 Zip Code: 32217

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: R. Scott Sullivan — DATE: 7/20/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YONGE, PHILLIP D 5522 OAK CROSSING DR JACKSONVILLE FL 32244	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD JOEL BATTIGE 12527 Ash Harbor Dr. JACKSONVILLE, FL	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARAMOONIE, EMIL 7203 SAN PEDRO ROAD JACKSONVILLE FL 32217	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	TD CYNTHIA CAREY 12520 Bent Bay Tr JACKSONVILLE, FL	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCSWAIN, BETH 5522 OAK CROSSING DR JACKSONVILLE FL 32244	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VD Scott Couchot 12579 Bent Bay Tr. Jacksonville, FL	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	SD FELICIA FORET 12618 Bent Bay Tr. JACKSONVILLE, FL	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/99)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 7-23-99 — (904) 565-1948
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #