

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004723

FILED  
Apr 20, 2004  
Secretary of State

**Entity Name:** ASHTON HILLS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5522 OAK CROSSING DR  
JACKSONVILLE, FL 32244

**New Principal Place of Business:**

**Current Mailing Address:**

6015 MORROW ST E  
SUITE 107  
JACKSONVILLE, FL 32217 US

**New Mailing Address:**

**FEI Number:** 59-2316950

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BANNING MANAGEMENT  
6015 MORROW ST E  
SUITE 107  
JACKSONVILLE, FL 32217

**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: PD ( ) Delete  
Name: KINTZ, BILL  
Address: 3925 MARKVIEW DR  
City-St-Zip: JACKSONVILLE, FL 32227

Title: VD ( ) Delete  
Name: HERNDON, ROBERT  
Address: 12504 ASH KORBEN DR  
City-St-Zip: JACKSONVILLE, FL 32224

Title: STD ( ) Delete  
Name: HICKS, ROBSAS  
Address: 3953 FALION ASH COURT  
City-St-Zip: JACKSONVILLE, FL 32224

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BILL KINTZ

PD

04/20/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date