

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004723

FILED
Apr 19, 2005
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:

3925 MAPLEVIEW DRIVE
JACKSONVILLE, FL 32224

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 ()**

Name and Address of Current Registered Agent:

BANNING MANAGEMENT
6015 MORROW ST E
SUITE 107
JACKSONVILLE, FL 32217 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: 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: PD (X) Change () Addition
Name: KINTZ, BILL
Address: 3925 MAPLEVIEW DR
City-St-Zip: JACKSONVILLE, FL 32227

Title: VD (X) Change () Addition
Name: HERNDON, ROBERT
Address: 12504 ASH HARBOR DR
City-St-Zip: JACKSONVILLE, FL 32224

Title: STD (X) Change () Addition
Name: ROSS, CYNTHIA
Address: 12636 BENT BAY TRAIL
City-St-Zip: JACKSONVILLE, FL 32224

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

04/19/2005

Electronic Signature of Signing Officer or Director

Date