2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State
04-09-2003 90114 005 ****61.25

DOCUMENT # N97000004723

1. Entity Name
ASHTON HILLS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5522 OAK CROSSING DR JACKSONVILLE FL 32244	6015 MORROW ST E SUITE 107 JACKSONVILLE FL 32217 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2316950 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BANNING MANAGEMENT
6015 MORROW ST E
SUITE 107
JACKSONVILLE FL 32217

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~TD~~ ~~CAREY, CYNTHIA~~ ~~12520 BENT BAY TR~~ ~~JACKSONVILLE FL~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D HINTZ BILL 3925 MARINVIEW DRIVE JACKSONVILLE FL 32224	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ ~~GOUCHOT, SCOTT~~ ~~12570 BENT BAY TR~~ ~~JACKSONVILLE FL~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/P HERNDON ROBERT 13504 ASH HAVEN DRIVE JACKSONVILLE FL 32224	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~ ~~FORT, FELICIA~~ ~~12616 BENT BAY TR~~ ~~JACKSONVILLE FL~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T/D HICKS ROBERT 3953 FALCON ASH CT JACKSONVILLE FL 32224	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (10/02)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [illegible] 03/21/03 (904) 737-8080