

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006763

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: ASHMORE HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

ASHMORE LANE  
PACE, FL 32571

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2180  
PACE, FL 32571

**New Mailing Address:**

FEI Number: 59-3539111

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BIGELOW, JERRY  
3516 ASHMORE LANE  
PACE, FL 32571 US

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

TUBB, ANGELA  
5790 TWISTED OAK CT.  
PACE, FL 32571 US

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: ANGELA TUBB

04/30/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: JERRY, BIGELOW  
Address: 3516 ASHMORE LANE  
City-St-Zip: PACE, FL 32571

Title: V ( ) Delete  
Name: SAMMY, PACE  
Address: 3436 ASHMORE LANE  
City-St-Zip: PACE, FL 32571

Title: S ( ) Delete  
Name: DEBRA, SAAVEDRA  
Address: 3528 ASHMORE LANE  
City-St-Zip: PACE, FL 32571

Title: T ( ) Delete  
Name: KENNETH, SHARP  
Address: 3437 ASHMORE LANE  
City-St-Zip: PACE, FL 32571

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

Title: P (X) Change ( ) Addition  
Name: HUFF, SHERRY  
Address: 5784 TWISTED OAK CT.  
City-St-Zip: PACE, FL 32571

Title: V (X) Change ( ) Addition  
Name: HORN, TOM  
Address: 3474 ASHMORE LANE  
City-St-Zip: PACE, FL 32571

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

Title: T (X) Change ( ) Addition  
Name: TUBB, ANGELA  
Address: 5790 TWISTED OAK CT.  
City-St-Zip: PACE, FL 32571

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: ANGELA TUBB

T

04/30/2008

Electronic Signature of Signing Officer or Director

Date