# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 21, 2009**
**Secretary of State**

DOCUMENT# N97000006763

**Entity Name:** ASHMORE HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

ASHMORE LANE
PACE, FL 32571

**New Principal Place of Business:**

5784 TWISTED OAK CT.
PACE, FL 32571

**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:**

TUBB, ANGELA
5790 TWISTED OAK CT.
PACE, FL 32571 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: P ( ) Delete
Name: HUFF, SHERRY
Address: 5784 TWISTED OAK CT.
City-St-Zip: PACE, FL 32571

Title: V ( ) Delete
Name: HORN, TOM
Address: 3474 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: TUBB, ANGELA
Address: 5790 TWISTED OAK CT.
City-St-Zip: PACE, FL 32571

**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:

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

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 04/21/2009

Electronic Signature of Signing Officer or Director — Date