

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90060 011 ****61.25

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01072005 Chg-NP CR2E037 (10/03)

DOCUMENT # N98000000868 1. Entity Name ASHWOOD HOMEOWNERS ASSOCIATION OF BREVARD, INC.					
Principal Place of Business 4240 VENTANA BLVD. ROCKLEDGE, FL 32955			Mailing Address PO BOX 560615 ROCKLEDGE, FL 32956-0615		
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 59-3519448	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LANSING, JAMES K PRES. 3904 UPMANN DR. ROCKLEDGE, FL 32955			7. Name and Address of New Registered Agent Name JOHNNY BASKER PRES. Street Address (P.O. Box Number is Not Acceptable) 3862 SAN MIGUEL CAVE City ROCKLEDGE FL 32955		
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 <i>Johnny Basker</i> DATE 01/20/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	BDP <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LASING, JAMES K		NAME		
STREET ADDRESS	PO BOX 560615		STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE, FL 329560615		CITY-ST-ZIP		
TITLE	BDVP <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PENNINGTON, MICHELE		NAME		
STREET ADDRESS	PO BOX 560615		STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE, FL 329560615		CITY-ST-ZIP		
TITLE	BOB (President) <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BASKER, JOHNNY		NAME		
STREET ADDRESS	PO BOX 560615		STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE, FL 329560615		CITY-ST-ZIP		
TITLE	CULP, RON (Vice Pres) <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PO BOX 560615		NAME		
STREET ADDRESS	ROCKLEDGE FL 329560615		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	MICHELLE ROBIO (Secretary) <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PO BOX 560615		NAME		
STREET ADDRESS	ROCKLEDGE FL 329560615		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	JEFFREY SCHNEIDER (Treasurer) <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PO BOX 560615		NAME		
STREET ADDRESS	ROCKLEDGE FL 329560615		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Johnny Basker</i>			01/20/05 321-637-1424 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					