2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 12, 2007 8:00 am Secretary of State

DOCUMENT # N98000000868 1. Entity Name ASHWOOD HOMEOWNERS ASSOCIATION OF BREVARD, INC.						03-12-2007	90083 02	8 ****61.	25
4240 VENTANA BLVD.		Mailing Address PO BOX 560615 ROCKLEDGE, FL 32956-0615				8 1 14111 88 116 88 116 8 3)	41
2. Principal Place of Business - No P O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc		03062007	Chg-NP	CR2E0	37 (12/06)		
City & State		City & State			4. FEI Number 59-35194	48	•		plied For t Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate of	Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current I	Registered Agent			7. Name and Ad	dress of New	Registered.	Agent	
BACHED	JOHNNY RRES.			Name	Dilliam .	MUN	1a/		
	JOHNNY IRES. MIGUELIEÄNE		ŀ	Street Address (P.O. Box Number is Not Acceptable)					
	GE, FL 32955		ļ	3801 San Mighel Un					
				_		J			
				City Ro	chlodae		FL	Zip Code	55
	named entits submits this statement for ions of registered agent	the purpose of changing its	registere	d office or reg	istered agent, or b g th,	in the State of F	lorida. I am	familiar with.	and accept
SIGNATURE.	MUBUL	h-							
	Signatural typed or printed name of registered against	and title diapplicable (NOTE	Registered	l Agent signature re	quired when reinstating)		DATE		
	Filling Fee is \$61.25 Due by May 1, 2007	9. Election Cam Trust Fund C	npaign Fi	nancing	\$5.00 May Be Added to Fees	,	Make chec	k payable to tment of St	
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR	9. Election Cam Trust Fund C	npaign Fi	nancing	\$5.00 May Be	Flo	Make chec rida Depar	tment of St	ate
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12. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental eport 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 reserver 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: ..

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

321-449-0449