2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# N98000000868

Entity Name: ASHWOOD HOMEOWNERS ASSOCIATION OF BREVARD, INC.

Current Principal Place of Business:

4240 VENTANA BLVD.
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

PO BOX 560615
ROCKLEDGE, FL 329560615

New Mailing Address:

FEI Number: 59-3519448 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WYMAN, WILLIAM
3801 SAN MIGUEL LN.
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

MORTON, RICK
3894 LA FLOR DRIVE
ROCKLEDGE, FL 32955 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: RICK MORTON 01/08/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: JENKINS, HEATHER
Address: PO BOX 560615
City-St-Zip: ROCKLEDGE, FL 329560615

Title: P ( ) Delete
Name: WYMAN, WILLIAM
Address: PO BOX 560615
City-St-Zip: ROCKLEDGE, FL 329560615

Title: V ( ) Delete
Name: HUDSON, LYNN
Address: PO BOX 560615
City-St-Zip: ROCKLEDGE, FL 329560615

Title: S ( ) Delete
Name: GATHELS, GWEN
Address: PO BOX 560615
City-St-Zip: ROCKLEDGE, FL 329560615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: MILLER, DONNA M
Address: PO BOX 560615
City-St-Zip: ROCKLEDGE, FL 329560615

Title: P (X) Change ( ) Addition
Name: MORTON, RICK
Address: PO BOX 560615
City-St-Zip: ROCKLEDGE, FL 329560615

Title: V (X) Change ( ) Addition
Name: RUTKOWSKI, LADDIE
Address: PO BOX 560615
City-St-Zip: ROCKLEDGE, FL 329560615

Title: S (X) Change ( ) Addition
Name: GRISSOM, TOBY
Address: PO BOX 560615
City-St-Zip: ROCKLEDGE, FL 329560615

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: DONNA M. MILLER S 01/08/2009
Electronic Signature of Signing Officer or Director Date