

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90221 006 ****70.00

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1. Entity Name
ASBURY DOWNS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**1732 KINGSLEY AVE, STE 202
ORANGE PARK, FL 32073 US**

Mailing Address
**1732 KINGSLEY AVE, STE 202
ORANGE PARK, FL 32073 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
**Professional Community Mgt. Inc.
786 Blanding Blvd. #118
Orange Park, FL 32065**

Suite, Apt. #, etc.
**Professional Community Mgt. Inc.
786 Blanding Blvd. #118
Orange Park, FL 32065**

01212005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3574273

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PERRY, ALAN
1732 KINGSLEY AVE, STE 202
ORANGE PARK, FL 32073**

7. Name and Address of New Registered Agent

Name
Street Address (P.O.)
**Alan Perry
786 Blanding Blvd. #118
Orange Park, FL 32065**
City
FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
YUKINS, WENDY
3308 CITATION DRIVE
GREEN COVE SPRINGS, FL 32043** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
Mary Savage
2884 Deerley St.
Green Cove Springs, FL 32043** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
YOW, BEN
3515 CITATION DRIVE
GREEN COVE SPRINGS, FL 32043** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
Darin K. Piaty
3280 Citation Dr.
Green Cove Springs, FL 32043** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
DAVIS, LEIGH
2803 NEEDLES COURT
GREEN COVE SPRINGS, FL 32043** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
Jane Cerde
2936 Whirlaway Ct.
Green Cove Springs, FL 32043** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
SILVIS, NICOLE
3325 CITATION DR.
GREEN COVE SPRINGS, FL 32043** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
Toby Coussens
2929 Whirlaway Ct.
Green Cove Springs, FL 32043** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
Silvis, Nicole
3325 Citation Dr.
Green Cove Springs, FL 32043** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: **Nicole Silvis**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-05 904 4062276
Date Daytime Phone #