

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004007

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** ASHFORD WOOD OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1403-3 DUNN AVE  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

1403-1 DUNN AVE  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

1403-3 DUNN AVE  
JACKSONVILLE, FL 32218

**New Mailing Address:**

1403-1 DUNN AVE  
JACKSONVILLE, FL 32218

**FEI Number:** 59-3626327

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ERA DAN JONES ASSOCIATES, INC.  
1403-3 DUNN AVE  
JACKSONVILLE, FL 32218 US

**Name and Address of New Registered Agent:**

ERA DAN JONES ASSOCIATES, INC.  
1403-1 DUNN AVE  
JACKSONVILLE, FL 32218 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: SONJA INGRAM

04/27/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MEYERS, EVELYN  
Address: 1403-3 DUNN AVE  
City-St-Zip: JACKSONVILLE, FL 32218

Title: TD ( ) Delete  
Name: SANDERSON, DON  
Address: 1403-3 DUNN AVENUE  
City-St-Zip: JACKSONVILLE, FL 32218

Title: STD ( ) Delete  
Name: WEST, CHARLENE  
Address: 1403-3 DUNN AVENUE  
City-St-Zip: JACKSONVILLE, FL 32218

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MEYERS, EVELYN  
Address: 1403-1 DUNN AVE  
City-St-Zip: JACKSONVILLE, FL 32218

Title: TD (X) Change ( ) Addition  
Name: ANDERSON, TIM  
Address: 1403-1 DUNN AVENUE  
City-St-Zip: JACKSONVILLE, FL 32218

Title: STD (X) Change ( ) Addition  
Name: WALLER, MARY  
Address: 1403-1 DUNN AVENUE  
City-St-Zip: JACKSONVILLE, FL 32218

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: SONJA INGRAM

MGR

04/27/2009

Electronic Signature of Signing Officer or Director

Date