## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000004411

FILED Apr 27, 2007 Secretary of State

Entity Name: ASHTON LAKES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1166 PELICAN BAY DRIVE 1190 PELICAN BAY DRIVE DAYTONA BEACH, FL 32119 DAYTONA BEACH, FL 32119 **Current Mailing Address: New Mailing Address:** 1166 PELICAN BAY DRIVE 1190 PELICAN BAY DRIVE DAYTONA BEACH, FL 32119 DAYTONA BEACH, FL 32119 FEI Number: 59-3643707 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BARKIN, MICHELE J BARKIN, MICHELE J 1166 PELICAN BAY DRIVE 1190 PELICAN BAY DRIVE DAYTONA BEACH, FL 32119 US US DAYTONA BEACH, FL 32119 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: 04/27/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition DEVILBISS, DAVE DERR, TAD Name: Name: 768 CROSSWIND WAY Address: 791 CROSSWIND WAY Address: City-St-Zip: PORT ORANGE, FL 32128 City-St-Zip: PORT ORANGE, FL 32128 Title: Title: (X) Delete () Change () Addition PELS, DAN Name: Name: Address: 784 CROSSWIND WAY Address: City-St-Zip: PORT ORANGE, FL 32128 City-St-Zip: Title: DS () Delete Title: () Change () Addition KAUFMAN, SANDY Name: Name: 6226 TOROISE CREEK Address: Address: City-St-Zip: PORT ORANGE, FL 32128 City-St-Zip: Title: DT Title: () Change () Addition () Delete Name: EWEN, BOB Name: 776 CROSSWIND WAY Address: Address: City-St-Zip: PORT ORANGE, FL 32128 City-St-Zip: Title: ( ) Delete Title: VPD (X) Change ( ) Addition SCHINDLER, MELODY Name: Name: SCHINDLER, MELODY 738 OAKWATER LANE Address: Address: 738 OAKWATER LANE City-St-Zip: PORT ORANGE, FL 32128 City-St-Zip: PORT ORANGE, FL 32128 Title: () Delete Title: (X) Change ( ) Addition PURDUS, DAN PURDUS, DAN Name: Name: Address: 6214 TORTOISE CREEK Address: 6214 TORTOISE CREEK PORT ORANGE, FL 32128 City-St-Zip: PORT ORANGE, FL 32128 City-St-Zip:

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: DAN PARDUS PD 04/27/2007