

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004411

FILED
Apr 14, 2009
Secretary of State

Entity Name: ASHTON LAKES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1190 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119

New Principal Place of Business:

Current Mailing Address:

1190 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119

New Mailing Address:

FEI Number: 59-3643707

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARKIN, MICHELE J
1190 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DERR, TAD
Address: 791 CROSSWIND WAY
City-St-Zip: PORT ORANGE, FL 32128

Title: DS (X) Delete
Name: KAUFMAN, SANDY
Address: 6226 TOROISE CREEK
City-St-Zip: PORT ORANGE, FL 32128

Title: DT () Delete
Name: EWEN, BOB
Address: 776 CROSSWIND WAY
City-St-Zip: PORT ORANGE, FL 32128

Title: VPD (X) Delete
Name: SCHINDLER, MELODY
Address: 738 OAKWATER LANE
City-St-Zip: PORT ORANGE, FL 32128

Title: PD () Delete
Name: PURDUS, DAN
Address: 6214 TORTOISE CREEK
City-St-Zip: PORT ORANGE, FL 32128

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: DEVILBISS, DAVE
Address: 768 CROSSWIND WAY
City-St-Zip: PORT ORANGE, FL 32128

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PARDUS, DAN
Address: 6214 TORTOISE CREEK
City-St-Zip: PORT ORANGE, FL 32128

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: TERI WIMMER

MGR

04/14/2009

Electronic Signature of Signing Officer or Director

Date