| I hereby 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 all other like empowered.   |

SIGNATURE: ELAINE LAWRENCE

I

Electronic Signature of Signing Officer/Director Detail

**Current Mailing Address:** 9300 N 16TH STREET

TAMPA, FL 33612 US

#### FEI Number: 20-8542817

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

WINFIELD, JANET 9300 N 16TH STREET TAMPA, FL 33612 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: JANET WINFIELD |  |                 |                    | 04/06/2018 |  |
|---------------------------|--|-----------------|--------------------|------------|--|
|                           | Electronic Signature of Registered Agent |                 |                    | Date       |  |
| Officer/Director Detail : |  |                 |                    |            |  |
| Title                     | DIRECTOR                                 | Title           | PRESIDENT          |            |  |
| Name                      | CARTER, JACOBA                           | Name            | LAWRENCE, ELAINE   |            |  |
| Address                   | 9300 N 16TH STREET                       | Address         | 9300 N 16TH STREET |            |  |
| City-State-Zip:           | TAMPA FL 33612                           | City-State-Zip: | TAMPA FL 33612     |            |  |
| Title                     | SECRETARY                                | Title           | TREASURER          |            |  |
| Name                      | AVERY, DIANE                             | Name            | MOLINA, GUSTAVO    |            |  |
| Address                   | 9300 N 16TH STREET                       | Address         | 9300 N 16TH STREET |            |  |
| City-State-Zip:           | TAMPA FL 33612                           | City-State-Zip: | TAMPA FL 33612     |            |  |
| Title                     | VP                                       |                 |                    |            |  |
| Name                      | SPIELVOGEL, JACK                         |                 |                    |            |  |
| Address                   | 9300 N 16TH STREET                       |                 |                    |            |  |
| City-State-Zip:           | TAMPA FL 33612                           |                 |                    |            |  |

Certificate of Status Desired: No

Secretary of State CC0887676102

FILED Apr 06, 2018

> 04/06/2018 Date

PRESIDENT

# 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# DOCUMENT# N06000012949

Entity Name: ASHTON OAKS HOMEOWNERS' ASSOCIATION, INC.

### **Current Principal Place of Business:**

9300 N 16TH STREET TAMPA, FL 33612