

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36152

Entity Name: ASHTON HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**5200 N.W. 43RD STREET., STE 102-217
GAINESVILLE, FL 32653**Current Mailing Address:**5200 N.W. 43RD STREET., STE 102-217
GAINESVILLE, FL 32653 US**FEI Number:** 59-3015287**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GEIGER, MATTHEW
5432 NW 45TH DRIVE
GAINESVILLE, FL 32653 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:** MATTHEW GEIGER

04/19/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	WATKINS, ROXANNE F
Address	4415 NW 58TH AVE
City-State-Zip:	GAINESVILLE FL 32653

Title	VP
Name	KNIGHT, SCOTT
Address	5831 NW 45TH DRIVE
City-State-Zip:	GAINESVILLE FL 32653

Title	SECRETARY
Name	MORGAN, NORMAN
Address	5808 NW 45TH DRIVE
City-State-Zip:	GAINESVILLE FL 32653

Title	DIRECTOR
Name	MAUFFRAY, BILL
Address	4525 NW 43RD LN
City-State-Zip:	GAINESVILLE FL 32653

Title	TREASURER
Name	GEIGER, MATTHEW
Address	5200 NW 43RD ST., STE 102-217
City-State-Zip:	GAINESVILLE FL 32606

Title	DIRECTOR
Name	COSTAKIS, CHRISTINA
Address	5616 NW 45TH DRIVE
City-State-Zip:	GAINESVILLE FL 32653

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: MATTHEW GEIGER

TREASURER

04/19/2013

Electronic Signature of Signing Officer/Director Detail

Date