FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 14 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G92679 (1)

1. Corporation Name
ARIANA SHORES HOMEOWNERS ASSSOCIATION, INC.

Principal Place of Business	Mailing Address
116A PARADISE LN. ARIANA SHORES AUBURNDALE FL 33823 US	116A PARADISE LANE AUBURNDALE FL 33823 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/23/1984
3a. Date of Last Report: 03/07/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / Country 30

4. FEI Number: 59-2387985 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JONES, ROBERT L.
153 PARADISE LANE
AUBURNDALE FL 33823

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	STD	☒ Change ☐ Addition
NAME	BROWN, ALFRED	12 NAME	MCKAY, GORDON	
STREET ADDRESS	140 HOLIDAY LANE	13 STREET ADDRESS	107 PARADISE	
CITY-ST-ZIP	AUBURNDALE FL	14 CITY-ST-ZIP	AUBURNDALE FL	
TITLE	P	21 TITLE	P	☒ Change ☐ Addition
NAME	SANDBRINK, IRVIN	22 NAME	SANDBRINK, IRVIN	
STREET ADDRESS	135 HOLIDAY LANE	23 STREET ADDRESS	156 HOLIDAY LANE	
CITY-ST-ZIP	AUBURNDALE FL	24 CITY-ST-ZIP	AUBURNDALE FL	
TITLE	STD	31 TITLE	D	☒ Change ☐ Addition
NAME	RAMEY, CLYDE	32 NAME	RAMEY, CLYDE	
STREET ADDRESS	150 HOLIDAY LANE	33 STREET ADDRESS	150 HOLIDAY LANE	
CITY-ST-ZIP	AUBURNDALE FL	34 CITY-ST-ZIP	AUBURNDALE, FL	
TITLE	V	41 TITLE		☐ Change ☐ Addition
NAME	KLINGER, ALVIN	42 NAME		
STREET ADDRESS	149 PARADISE LANE	43 STREET ADDRESS		
CITY-ST-ZIP	AUBURNDALE FL	44 CITY-ST-ZIP		
TITLE	S	51 TITLE	S	☒ Change ☐ Addition
NAME	WILKINS, ARTHUR	52 NAME	SMITH, RALPH	
STREET ADDRESS	150 PARADISE LANE	53 STREET ADDRESS	133 HOLIDAY LANE	
CITY-ST-ZIP	AUBURNDALE FL	54 CITY-ST-ZIP	AUBURNDALE FL	
TITLE	T	61 TITLE	T	☒ Change ☐ Addition
NAME	JOHNSON, KARL	62 NAME	KESTER, BETTY	
STREET ADDRESS	143 PARADISE LANE	63 STREET ADDRESS	152 HOLIDAY LANE	
CITY-ST-ZIP	AUBURNDALE FL	64 CITY-ST-ZIP	AUBURNDALE FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Irvin M. Sandbrink 4/11/95 (813)967-7661
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone #
IRVIN M. SANDBRINK

0447840 FP