



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90144 004 ***150.00

| | | | | | |
|--|----------------------|--|---|--|--|
| DOCUMENT # G92679 | | | |  | |
| 1. Entity Name ARIANA SHORES HOMEOWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business 116A PARADISE LANE AUBURNDALE, FL 33823 US | | Mailing Address 116A PARADISE LANE AUBURNDALE, FL 33823 US | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 03282006 Chg-P CR2E034 (11/05) | |
| City & State | | City & State | | 4. FEI Number 59-2387985 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BENDER, MARY E 132 HOLIDAY LANE AUBURNDALE, FL 33823 | | | | 7. Name and Address of New Registered Agent | |
| | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | |
| | | | | FL Zip Code | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE: <i>Mary E. Bender, Secretary</i> | | | | 032906 | |
| Signature typed or printed name of registered agent and title if applicable | | | | (NOTE: Registered Agent signature required when reinstating) DATE | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BAUSHKE, SANDRA | | NAME | BAUSKE, SANDRA | |
| STREET ADDRESS | 133 PARADISE LANE | | STREET ADDRESS | 133 PARADISE LN. | |
| CITY-ST-ZIP | AUBURNDALE, FL 33823 | | CITY-ST-ZIP | Auburndale, FL. 33823 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HORN, ERNEST W | | NAME | Pelham Leon | |
| STREET ADDRESS | 186 HOLIDAY LANE | | STREET ADDRESS | 124 Holiday Ln. | |
| CITY-ST-ZIP | AUBURNDALE, FL 33823 | | CITY-ST-ZIP | Auburndale, FL. 33823 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COCHRAN, DAVID | | NAME | COCHRAN, DAVID | |
| STREET ADDRESS | 160 HOLIDAY LANE | | STREET ADDRESS | 160 Holiday Lane | |
| CITY-ST-ZIP | AUBURNDALE, FL 33823 | | CITY-ST-ZIP | Auburndale Fl. 33823 | |
| TITLE | V | <input checked="" type="checkbox"/> Delete | TITLE | Sandra D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HOPKINS, JOHN | | NAME | Jenkins Peter D | |
| STREET ADDRESS | 114 PARADISE LANE | | STREET ADDRESS | 154 PARADISE LN. | |
| CITY-ST-ZIP | AUBURNDALE, FL 33823 | | CITY-ST-ZIP | Auburndale, FL. 33823 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JAMES, JIM | | NAME | Mc Coy, Fred | |
| STREET ADDRESS | 164 HOLIDAY LANE | | STREET ADDRESS | 156 Holiday Ln | |
| CITY-ST-ZIP | AUBURNDALE, FL 33823 | | CITY-ST-ZIP | Auburndale, FL 33823 | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BENDER, MARY E | | NAME | Bender, Mary E. | |
| STREET ADDRESS | 132 HOLIDAY LANE | | STREET ADDRESS | 132 Holiday Lane | |
| CITY-ST-ZIP | AUBURNDALE, FL 33823 | | CITY-ST-ZIP | Auburndale, FL. 33823 | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <i>Mary E. Bender, Secretary</i> | | | | 032906 | |
| Signature typed or printed name of signing officer or director | | | | Date Daytime Phone # | |

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| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | Zip | | Country |
| 6. Name and Address of Current Registered Agent BENDER, MARY E 132 HOLIDAY LANE AUBURNDALE, FL 33823 | | | | 7. Name and Address of New Registered Agent | |
| | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | |
| | | | | FL | |
| | | | | Zip Code | |
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| SIGNATURE: <i>Mary E. Bender, Secretary</i> | | | | DATE: 032906 | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) | | | | DATE | |
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| TITLE | S | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BAUSHKE, SANDRA | | NAME | <i>Gones, Robert</i> | |
| STREET ADDRESS | 133 PARADISE LANE | | STREET ADDRESS | <i>144 Holiday Ln.</i> | |
| CITY-ST-ZIP | AUBURNDALE, FL 33823 | | CITY-ST-ZIP | <i>Auburndale, FL 33823</i> | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HORN, ERNEST W | | NAME | | |
| STREET ADDRESS | 166 HOLIDAY LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | AUBURNDALE, FL 33823 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COCHRAN, DAVID | | NAME | | |
| STREET ADDRESS | 160 HOLIDAY LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | AUBURNDALE, FL 33823 | | CITY-ST-ZIP | | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOPKINS, JOHN | | NAME | | |
| STREET ADDRESS | 114 PARADISE LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | AUBURNDALE, FL 33823 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JAMES, JIM | | NAME | | |
| STREET ADDRESS | 164 HOLIDAY LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | AUBURNDALE, FL 33823 | | CITY-ST-ZIP | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BENDER, MARY E | | NAME | | |
| STREET ADDRESS | 132 HOLIDAY LANE | | STREET ADDRESS | | |
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| Signature, typed or printed name of signing officer or director | | | | Date | |
| | | | | Daytime Phone # | |

40044223



03282006 Chg-P CR2E034 (11/05)

4. FEI Number 59-2387985 Applied For Not Applicable

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

032906

Gones, Robert
144 Holiday Ln.
Auburndale, FL 33823