2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2012
Secretary of State

DOCUMENT# G92679

Entity Name: ARIANA SHORES HOMEOWNERS ASSSOCIATION, INC.

Current Principal Place of Business:

116A PARADISE LANE
AUBURNDALE, FL 33823 US

New Principal Place of Business:

Current Mailing Address:

116A PARADISE LANE
AUBURNDALE, FL 33823 US

New Mailing Address:

FEI Number: 59-2387985 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VOLLWERTH, LINDA A
127 HOLIDAY LN
AUBURNDALE, FL 33823 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: P
Name: VOLLWERTH, LINDA A
Address: 127 HOLIDAY LN
City-St-Zip: AUBURNDALE, FL 33823

Title: VP
Name: HOLZMAN, RON
Address: 173 PARADISE LN
City-St-Zip: AUBURNDALE, FL 33823

Title: T
Name: MEASE, EVELYN S
Address: 122 HOLIDAY LN
City-St-Zip: AUBURNDALE, FL 33823

Title: S
Name: BROWN, BARBARA
Address: 161 PARADISE LN
City-St-Zip: AUBURNDALE, FL 33823

Title: D
Name: COOK, ROBERT SR.
Address: 140 HOLIDAY LN
City-St-Zip: AUBURNDALE, FL 33823

Title: D
Name: WELSH, MIKE
Address: 133 PARADISE LN
City-St-Zip: AUBURNDALE, FL 33823

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LINDA VOLLWERTH P 03/27/2012

Electronic Signature of Signing Officer or Director Date