

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008765

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: AURORA VILLAGE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3972 W EAU GALLIE BLVD, STE A  
MELBOURNE, FL 32934

**New Principal Place of Business:**

3972 W EAU GALLIE BLVD STE A  
MELBOURNE, FL 32934 US

**Current Mailing Address:**

3972 W EAU GALLIE BLVD, STE A  
MELBOURNE, FL 32934

**New Mailing Address:**

3972 W EAU GALLIE BLVD STE A  
MELBOURNE, FL 32934 US

FEI Number: 26-3467220

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WELSH, KEN R  
3972 W EAU GALLIE BLVD, STE A  
MELBOURNE, FL 32934 US

**Name and Address of New Registered Agent:**

WELSH, KEN R  
3972 W EAU GALLIE BLVD STE A  
MELBOURNE, FL 32934 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:

04/14/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WELSH, KEN R  
Address: 3972 W EAU GALLIE BLVD, STE A  
City-St-Zip: MELBOURNE, FL 32934

Title: VPD ( ) Delete  
Name: WELSH, PHIL  
Address: 3972 W EAU GALLIE BLVD, STE A  
City-St-Zip: MELBOURNE, FL 32934

Title: STD ( ) Delete  
Name: WALTERS, WAYNE  
Address: 3972 W EAU GALLIE BLVD, STE A  
City-St-Zip: MELBOURNE, FL 32934

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: WELSH, KEN R  
Address: 3972 W EAU GALLIE BLVD STE A  
City-St-Zip: MELBOURNE, FL 32934

Title: VPD (X) Change ( ) Addition  
Name: WELSH, PHIL  
Address: 3972 W EAU GALLIE BLVD STE A  
City-St-Zip: MELBOURNE, FL 32934

Title: STD (X) Change ( ) Addition  
Name: WALTERS, WAYNE  
Address: 3972 W EAU GALLIE BLVD STE A  
City-St-Zip: MELBOURNE, FL 32934

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KEN R WELSH

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date