

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008765

Entity Name: AURORA VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

928 E NEW HAVEN AVE
MELBOURNE, FL 32901

Current Mailing Address:

928 E NEW HAVEN AVE
MELBOURNE, FL 32901 US

FEI Number: 26-3467220

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPACE COAST PROPERTY MANAGEMENT OF BREVARD INC
928 E NEW HAVEN AVE
MELBOURNE, FL 32901 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: CYNTHIA MARRS

04/19/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name WHITLOCK, GARY
Address 928 E NEW HAVEN AVE
City-State-Zip: MELBOURNE FL 32901

Title TREASURER
Name CRIGLER, BETH
Address 928 E NEW HAVEN AVE
City-State-Zip: MELBOURNE FL 32901

Title SECRETARY
Name BROOKS, DANIELLE
Address 928 E NEW HAVEN AVE
City-State-Zip: MELBOURNE FL 32901

Title DAL
Name SMITH, LEROY
Address 928 E NEW HAVEN AVE
City-State-Zip: MELBOURNE FL 32901

Title PRESIDENT
Name WHITLOCK, GARY
Address 928 E NEW HAVEN AVE
City-State-Zip: MELBOURNE FL 32901

Title TREASURER
Name CRIGLER, BETH
Address 928 E NEW HAVEN AVE
City-State-Zip: MELBOURNE FL 32901

Title SECRETARY
Name BROOKS, DANIELLE
Address 928 E NEW HAVEN AVE
City-State-Zip: MELBOURNE FL 32901

Title DAL
Name SMITH, LEROY
Address 928 E NEW HAVEN AVE
City-State-Zip: MELBOURNE FL 32901

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: BETH CRIGLER

TREASURER

04/19/2016

Electronic Signature of Signing Officer/Director Detail

Date