


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90008 023 ****61.25

DOCUMENT # 729436 1. Entity Name AURA APARTMENTS, INC.					
Principal Place of Business 901 SOUTH B STREET LAKE WORTH, FL 33460-4786			Mailing Address 2504 WEDGEWOOD PLAZA DRIVE RIVIERA BEACH, FL 33404-1948		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 901 SOUTH B STREET Suite, Apt. #, etc. 201			
City & State		City & State LAKE WORTH FL			
Zip 33460	Country USA	4. FEI Number 65-0046663		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TETTEH-HAGO, BERNICE 2504 WEDGEWOOD PLAZA DRIVE RIVIERA BEACH, FL 33404-1948			7. Name and Address of New Registered Agent Name TETTEH-HAGO BERNICE Street Address (P.O. Box Number is Not Acceptable) 901 SOUTH B STREET #201 City LAKE WORTH FL Zip Code 33460		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution.		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KORAPATI, KRISTINA 632 HIBISCUS STREET, STE 116 WEST PALM BEACH, FL 33401		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TETTEH-HAGO, BERNICE 2504 WEDGEWOOD PLAZA DRIVE RIVIERA BEACH, FL 33404		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAUHANEW, ELLA 901 SOUTH B STREET, #202 LAKE WORTH, FL 33460		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER TETTEH-HAGO BERNICE 901 SOUTH B STREET #201 LAKE WORTH, FL. 33460		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY PAUL SUNK 673 BLUEBERRY DRIVE WELLINGTON, FL. 33414		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		<input type="checkbox"/> Delete		
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 617, 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: <u>Bernice Tetteh-Hago</u> BERNICE TETTEH-HAGO 2/24/06 (561)762-4124 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					