

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # 736439	
1. Entity Name ARIANA ESTATES CIVIC CLUB, INC.	

Principal Place of Business 115 PATTERSON DRIVE AUBURNDALE FL 33823	Mailing Address 115 PATTERSON DRIVE AUBURNDALE FL 33823
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number **59-2927637** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BORKOWSKI, DOLORES 102 JOSEPH CIRCLE AUBURNDALE FL 33823		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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25.
Due By May 1, 2006**

9. Election Campaign Financing
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	P FELICE, DANIEL 102 PERRY AVE AUBURNDALE FL 33823-2323	TITLE	U00000468521 03/24/06-80034-017 61.25
NAME	S MANTHEY, THERESA 104 GREGORY CIRCLE AUBURNDALE FL 33823-2323	NAME	
STREET ADDRESS	TD BORKOWSKI, DOLORES 102 JOSEPH CIRCLE AUBURNDALE FL 33823-2323	STREET ADDRESS	
CITY - ST - ZIP	D JAMES, ANN 115 PATTERSON DRIVE AUBURNDALE FL 33823-2323	CITY - ST - ZIP	
	VP DUNCAN, SANDY 136 PATTERSON DRIVE AUBURNDALE FL 33823-2323		
	D LIVINGTON, CHARLES 132 PATTERSON DRIVE AUBURNDALE FL 33823		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ DATE: _____