2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#736439

FILED Apr 13, 2009 Secretary of State

Entity Name: ARIANA ESTATES CIVIC CLUB, INC.

Cullell F	rincipal Place	e of Business:	New Principal Place of Bu	siness:
	ERSON DRIVE DALE, FL 338:			
Current N	lailing Addre	55:	New Mailing Address:	
	ERSON DRIVE DALE, FL 338:			
FEI Number	: 59-2927637	FEI Number Applied For()	FEI Number Not Applicable ()	rtificate of Status Desired()
Name and	d Address of (Current Registered Agent:	Name and Address of New	Registered Agent:
102 JOSE	'SKI, DOLORE PH CIRCLE DALE, FL 338:			
	e named entity e of Florida.	submits this statement for the	e purpose of changing its registered office	e or registered agent, or both,
SIGNATU	RE:			
	Electro	nic Signature of Registered A	gent	Date
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	FELICE, DANIE 102 PERRY AV		Title: () Cha Name: Address: City-St-Zip:	inge () Addition
Title:	c /			
Name: Address:	MANTHEY, THI 104 GREGOR		Title: () Cha Name: Address: City-St-Zip:	inge () Addition
Name: Address: City-St-Zip: Fitle: Name: Address:	MANTHEY, THI 104 GREGOR' AUBURNDALE TD (BORKOWSKI, 102 JOSEPH C	ERESA Y CIRCLE , FL 338232323) Delete DOLORES	Name: Address: City-St-Zip:	inge () Addition
Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	MANTHEY, THI 104 GREGORY AUBURNDALE TD (BORKOWSKI, 102 JOSEPH C AUBURNDALE D (JAMES, ANN 115 PATTERSO	ERESA Y CIRCLE , FL 338232323) Delete DOLORES CIRCLE , FL 338232323) Delete	Name: Address: City-St-Zip: Title: () Cha Name: Address: City-St-Zip:	
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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: SANDY DUNCAN VP 04/13/2009