

ANNUAL REPORT

DOCUMENT # 747168

1. Entity Name
AURILIO ASSOCIATION, INC.



Principal Place of Business
**606 S. MARKET AVE.
FT. PIERCE, FL 34982**

Mailing Address
**606 S. MARKET AVE.
FT. PIERCE, FL 34982**

FILED
Apr 22, 2004 08:00 AM
Secretary of State



01132004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2420705

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BROWN, W. B.
4909 PALMETTO DR.
FT. PIERCE, FL 34982**

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IN THIS SPACE**

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

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000125438
04/22/04-80086-006 61.25

10. OFFICERS AND DIRECTORS

VD
**BROWN, MARTHA
4909 PALMETTO DR
FT PIERCE, FL 34982**

PD
**COOPER, DOROTHY
3300-B S 7TH STREET
FT. PIERCE, FL 34982**

STD
**BROWN, WILLIAM
4909 PALMETTO DRIVE
FT. PIERCE, FL 34982**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

William B Brown