


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2007 JUL 10 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # 752243</b>					
1. Entity Name ARI WOODS ASSOCIATION, INC.					
Principal Place of Business 4345 SE 1ST AVE. KEYSTONE HEIGHTS, FL 32656 US			Mailing Address PO BOX 1504 KEYSTONE HEIGHTS, FL 32656		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/>	
				Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent GAGLIONE, SHARON 4223 SE 1ST AVE. KEYSTONE HEIGHTS, FL 32656				7. Name and Address of New Registered Agent 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: <i>Sharon Gaglione</i>		SHARON GAGLIONE		4-10-07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 <input checked="" type="checkbox"/> P NAME KIRBY, TOM STREET ADDRESS 4345 SE 1ST AVE. CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32656 <input type="checkbox"/> Delete			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <i>Thomas W. Kirby</i> STREET ADDRESS CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> D NAME SHIVER, HUGH STREET ADDRESS 4306 SE 1ST AVENUE CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32656 <input checked="" type="checkbox"/> Delete			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> VP NAME GAGLIONE, FRANK STREET ADDRESS 4223 SE 1ST AVE. CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32656 <input type="checkbox"/> Delete			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> T NAME RODRIQUE, GERMAINE STREET ADDRESS 4143 SE 1ST AVE. CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32656 <input type="checkbox"/> Delete			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> S NAME GAGLIONE, SHARON STREET ADDRESS 4223 SE 1ST AVE. CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32656 <input type="checkbox"/> Delete			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> D NAME LAMBERT, EUNICE STREET ADDRESS 4296 S.E. 1ST. AVE. CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32656 <input type="checkbox"/> Delete			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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: <i>Sharon Gaglione</i>		4-10-07		352-473-0002	

7/10 ew