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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

101

| 1. Corporation | VIENI# (0/994 Name | • | (3) | | | | | | |
|---|---|------------------------------------|--------------------------------|------------------------|----------------|--|---|---------------------------------|--|
| | AUX VILLAGE ASSOCIATION | 1, NO. 3, IN | C. | | | | | | |
| | | | | | | | | | |
| Principal Place | of Business | Mailing Add | ress | · | | | U 1601 USBB UIDII DIDII | i 01011 08911 01011 1031 | |
| % C E CARLSON % C E CARLSON | | | | | | | | | |
| 2450 HERON TERR. STE 101 2450 HERON TERR. STE 101 | | | | | | | | | |
| CLEARWATER US | FL 34622 | CLEARWATER FL 34622 US | | | | 3. Date Incorporated or Qualified | | Last Report | |
| US | | 00 | | | | 05/11/1981 | 04/1 | 1/1995 | |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | | | | 4. FEI Number 59-2118161 | | Applied For | |
| 21 | | Suite, Apt. #, etc. | | | | 33 21 10 10 1 | | Not Applicable 8.75 Additional | |
| Suite, Apt. # | #, ΘIC. | 27 | | | | 5. Certificate of Status Desired | | Fee Required | |
| City & State | } | City & State | | | | 6. Election Campaign Financing | \$ | 5.00 May Be | |
| 23 | | 28 | | | | Trust Fund Contribution | Trust rund Contribution Access to rees | | |
| Zip | | | Zip Count | | / | • | 8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes Yes No | | |
| 24 | 9. Name and Address of Current | Registered Ag | ent | 130] | | 10. Name and Address of New | | nt | |
| | | | | 81 | Name | | | | |
| SMOLIK, | PETER | | | 82 | Street / | Address (P.O. Box Number is Not Accepta | ble) | | |
| 13602 FRIGATE CT N-201 | | | | - | | | | | |
| STE 0-201 | | | | 83 | ŀ | | | | |
| CLEARWATER FL 34622 | | | 84 | City | FI 85 Zip Cox | | Zip Code | | |
| 11. Pursuant t | to the provisions of Sections 617.0502 | and 617.1508, F | lorida Statute | s, the above- | named co | orporation submits this statement for the pr | rpose of changing | g its registered office | |
| or register | ed agent, or both, in the State of Florida th, and accept the obligations of, Section | a. Such change on 617.0503, Flo | was authorize rida Statutes | ed by the corp | coration's | board of directors. Thereby accept the ap | pointment as regis | stered agent. I am | |
| SIGNATURE | | | | | | | | | |
| | Signature, typed or printed name of registered agent a OFFICERS AND | | (NO | TE: Registered Age | nt signature n | equired when reinstating) ADDITIONS/CHANGES TO OF | DATE FICERS AND DIR | ECTORS IN 12 | |
| 12. | DP OFFICERS AND | | DELETE | 1.1 TITLE | | ADDITIONAL OF PRINCIPAL OF CO. | □ Ch | | |
| NAME | CARDWELL, PAULA | 7 | • | 1.2 NAME | | | _ | - | |
| STREET ADDRESS | 2453 EGRET BLVD #0-201 | | | 1.3 STREE | T ADDRESS | | | | |
| CITY-ST-ZIP | CLEARWATER FL | | | 1.4 CITY- | ST-ZIP | | | | |
| TITLE | DVP | | DELETE | 2.1 TITLE | | | □ Ch | nange | |
| NAME | WILLIAMS, JEAN-ALEXANDER | | | 2.2 NAME | | | | | |
| STREET ADDRESS | 13601 FRIGATE COURT 106 CLEARWATER FL | | | | T ADDRESS | | | | |
| CITY-ST-ZIP | DS DS | <u>-</u> | TDELETE | 2. 4 CITY 3.1 TITLE | SI-ZIP | | □ Ch | hange Addition | |
| TITLE NAME | STUART, VELMA O. | L | | 3.2 NAME | | | | | |
| STREET ADDRESS | 13602 FRIGATE COURT 101 | | | | T ADDRESS | | | | |
| CITY-ST-ZIP | CLEARWATER FL | | | 3.4. CITY | ST-ZIP | | | | |
| TITLE | DP | | DELETE | 4.1 TITLE | | | ☐ Cł | hange 🔲 Addition | |
| NAME | SMOLIK, PETER | | | 4. 2 NAM | E | | | | |
| STREET ADDRESS | 13602 FRIGATE CT #N-201 | | | | T ADDRESS | | | | |
| CITY-ST-ZIP | CLEARWATER FL | | Tori tir | 4.4 CITY - | | | □ C† | hange | |
| TITLE | D THOMPSON DEPORAGE | L | DELÉTE | 5.1 TITLE | | | | mile Monitori | |
| NAME | THOMPSON, DEBORAH L. 2450 PELICAN COURT 105 | | | 5.2 NAME 5.3 STORE | T ADDRESS | | | | |
| STREET ADDRESS | CLEARWATER FL | | | 5.4 CITY - | | | | | |
| CITY-ST-ZIP TITLE | VERWITTING!!!L | | DELETE | 6.1 TiTLE | | 0.5 | CH | hange 🔀 Addition | |
| NAME | | _ | | 6.2 NAME | | AUN NIX BAR | NIES | • | |
| STREET ADDRESS | | | | 6.3 STREE | T ADDRESS | I AUGO PISLICAN | CT. 410 |) . 3 | |
| CITY CT 7ID | | | | 64 City | ST-75P | L CIEHRWHIER F | 6.3962 | | |
| 14. I do beret | ov certify that the information supplied v | vith this filing is v | oluntarily furr | nished and do | es not qu | alify for the exemption stated in Section 11 | 9.07(3)(k), Florida | Statutes I further | |

I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)[k], Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 12 or Block 13 if stringed, prion an attachment with an address.

GNATURE:

| SIGNATURE | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Degrime Phone #

SIGNATURE: