

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 762411 (7)**  
1. Corporation Name  
**AURORA HOMES SUBDIVISION HOMEOWNERS, INC.**



Principal Place of Business Mailing Address  
**10643 DENALI DRIVE CLERMONT FL 34711** **10643 DENALI DRIVE CLERMONT FL 34711**

3. Date Incorporated or Qualified **03/12/1982** 3a. Date of Last Report **09/25/1995**  
4. FEI Number **NOT APPLICABLE** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 29 Zip 30 Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

**PERRY, BOB**  
**10643 DENALI DRIVE**  
**CLERMONT FL 34711**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PERRY, BOB</b>	1.2 NAME	
STREET ADDRESS	<b>10643 DENALI DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLERMONT FL 34711</b>	1.4 CITY-ST-ZIP	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, JOSEPH G</b>	2.2 NAME	
STREET ADDRESS	<b>10643 DENALI DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLERMONT FL 34711</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FILIVERTI, DAVID</b>	3.2 NAME	
STREET ADDRESS	<b>10800 DENALI DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLERMONT FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAMPBELL, WILLIAM</b>	4.2 NAME	
STREET ADDRESS	<b>10640 DENALI DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLERMONT FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCULIMBRENE, RON</b>	5.2 NAME	
STREET ADDRESS	<b>10825 DENALI DR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLERMONT FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 supplemental annual 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 12 or Block 13, unchanged, or as an attachment with an address.

**SIGNATURE:** *Joseph E. Johnson* **JOSEPH E JOHNSON** **4-29-96** **242-932**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)