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NONPROFIT CORPORATION **ANNUAL REPORT**



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

1996

DOCUMENT # 762411 (7) AURORA HOMES SUBDIVISION HOMEOWNERS, INC.											
Principal Plac	e of Business		Mailin	g Address							
10643 DENALI DRIVE 106			10643 DENALI DRIVE CLERMONT FL 34711								
3. Delegia di D	N						3. Date Incorporated or Qu 03/12/1982	ualified	3a. Date of Last 09/25/1		
Principal Place of Business			_2a. Mailing Address _26			I MAI ADDITABLE -		Applied For Not Applicable			
Suite, Apt. #, etc.			h	Suite, Apt. #, etc.			Certificate of Status Desired		\$8.7	\$8.75 Additional Fee Required	
City & Stat	te			ty & State			6. Election Campaign Final	-	\$5.0	0 May Be	
Zip		Country	Zir,)	Count	try	Trust Fund Contribution 8. This corporation has liab		Adde	ed to Fees . 199.032,	
4]	9. Name and	Address of Curr	29 Penisters	Agent	30		Florida Statutes		Yes No		
	V	71001000 01 0011	on register	o Agent	8	1 Name	10. Name and Address of	New Heg	Istered Agent		
PERRY,	BOB										
10643 DENALI DRIVE						Street Ado	ess (P.O. Box Number is Not Acceptable)				
CLERM(ONT FL 34711				8	3					
					, i	4 City					
						City				p Code	
						1					
11. Pursuant or register	to the provisions of red agent, or both	of Sections 617.05	02 and 617.15	008, Florida Statut	es, the above	e-named corpo	pration submits this statement for	the purpos	se of changing its	registered offic	
11. Pursuant or register familiar wi	to the provisions of red agent, or both ith, and accept the	of Sections 617.05 , in the State of Fice obligations of, Se	02 and 617.15 orida. Such cha ection 617.050	508, Florida Statut ange was authoriz 3, Florida Statutes	es, the above ed by the co		pration submits this statement for ard of directors. I hereby accept t	the purpos the appoint	se of changing its i ment as registered	registered offic I agent. I am	
								the purpos the appoint		registered offic I agent. I am	
SIGNATURE		ted name of registered ag		able. (NC	OTE: Registered Ac	3-named corporporation's boa	ed when reinstating)	114	DATE		
SIGNATURE	Signature, typed or print	ted name of registered ag OFFICERS A	gent and title if applic	able. (NC		gent signature require		114	DATE RS AND DIRECTO	DRS IN 12	
SIGNATURE 12. IITLE	PD PERRY, BOE	OFFICERS A	gent and title if applic	able. (NC RS	TE: Registered Ag	gent signature require	ed when reinstating)	114	DATE		
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SIGNATURE: JOSEPH & JOHNSON 4-29-96
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deto

292932