

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90310 020 \*\*\*\*61.25

**DOCUMENT # 762411**

1. Entity Name

**AURORA HOMES SUBDIVISION HOMEOWNERS, INC.**

Principal Place of Business

Mailing Address

**10729 DENALI DRIVE  
 CLERMONT FL 34711  
 US**

**10729 DENALI DRIVE  
 CLERMONT FL 34711  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RATAJCZAR, JEFF  
 10729 DENALI DRIVE  
 CLERMONT FL 34711**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing  
 Trust Fund Contribution.

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	RATAJCZAR, JEFF	
STREET ADDRESS	10729 DENALI DRIVE	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GRIGGS, JOHN	
STREET ADDRESS	10729 DENALI DRIVE	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SHOTSBERGER, DAVID	
STREET ADDRESS	10624 DENALI DR	
CITY-ST-ZIP	CLERMONT FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SOBAL, MICHAEL J	
STREET ADDRESS	10812 DENALI DRIVE	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CONWAY, WILLIAM	
STREET ADDRESS	10633 DENALI DR	
CITY-ST-ZIP	CLERMONT FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM CONWAY	
STREET ADDRESS	10633 DENALI DR.	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIE COOPER	
STREET ADDRESS	10652 DENALI DR.	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERRY CYR	
STREET ADDRESS	10713 DENALI DR.	
CITY-ST-ZIP	CLERMONT, FL 34711	
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 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:

*Michael J Sobal* MICHAEL J SOBAL, 4/11/2002, 407 356-2246

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2E037 (9/01)