

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762411

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**Entity Name:** AURORA HOMES SUBDIVISION HOMEOWNERS, INC.

**Current Principal Place of Business:**

10708 DENALI DRIVE  
CLERMONT, FL 34711 US

**New Principal Place of Business:**

**Current Mailing Address:**

10708 DENALI DRIVE  
CLERMONT, FL 34711 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BUDD, CARRIE L  
10708 DENALI DRIVE  
CLERMONT, FL 34711 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CRUZ, STEVE  
Address: 10812 DENALI DRIVE  
City-St-Zip: CLERMONT, FL 34711

Title: VP  
Name: ROBERT, PERRY  
Address: 10643 DENALI DR.  
City-St-Zip: CLERMONT, FL 34711

Title: SD  
Name: OLIVER, REGI L  
Address: 10824 DENALI DR.  
City-St-Zip: CLERMONT, FL 34711

Title: TD  
Name: BUDD, CARRIE L  
Address: 10708 DENALI DR  
City-St-Zip: CLERMONT, FL 34711

Title: D  
Name: DWIGHT, HOLMAN  
Address: 9835 S. LAKESHORE DRIVE  
City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CARRIE L BUDD

TD

03/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date