

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90480 012 \*\*\*150.00

**DOCUMENT # F04000003803**

1. Entity Name  
ARONOV CONDO MANAGEMENT, INC.



Principal Place of Business  
3500 EASTERN BLVD.  
MONTGOMERY, AL 36616

Mailing Address  
3500 EASTERN BLVD.  
MONTGOMERY, AL 36616

60045789



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
63-1201829

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME ARONOV, JAKE F  
STREET ADDRESS 3500 EASTERN BLVD.  
CITY-ST-ZIP MONTGOMERY, AL 36616

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME ARONOV, OWEN W  
STREET ADDRESS 3500 EASTERN BLVD.  
CITY-ST-ZIP MONTGOMERY, AL 36616

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☐ Delete  
NAME IVES, JENNY L  
STREET ADDRESS 3500 EASTERN BLVD.  
CITY-ST-ZIP MONTGOMERY, AL 36616

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME FLEISCHMAN, FRANCES  
STREET ADDRESS 3500 EASTERN BLVD.  
CITY-ST-ZIP MONTGOMERY, AL 36616

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ST ☐ Delete  
NAME AUTREY, JENNIFER P  
STREET ADDRESS 3500 EASTERN BLVD.  
CITY-ST-ZIP MONTGOMERY, AL 36616

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Asst. Secretary  
STREET ADDRESS Michael R. Tesky  
CITY-ST-ZIP 3500 Eastern Blvd.  
Montgomery, AL 36116

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-07

334-277-1000

Date

Daytime Phone #

Jennifer P. Autrey