


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000006318 1. Entity Name ARONOV RESORT MANAGEMENT, INC.	
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Principal Place of Business 3500 EASTERN BOULEVARD MONTGOMERY, AL 36116	Mailing Address 3500 EASTERN BOULEVARD MONTGOMERY, AL 36116
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DO NOT WRITE IN THIS SPACE



01232006 No Chg-NP CR2E037 (11/05)

4. FEI Number 20-1762218	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P IVES, JENNY L 3500 EASTERN BOULEVARD MONTGOMERY, AL 36116
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FLEISCHMAN, FRANCES 3500 EASTERN BOULEVARD MONTGOMERY, AL 36116
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST AUTREY, JENNIFER P 3500 EASTERN BOULEVARD MONTGOMERY, AL 36116
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARONOV, JAKE F 3500 EASTERN BOULEVARD MONTGOMERY, AL 36116
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARONOV, OWEN W 3500 EASTERN BOULEVARD MONTGOMERY, AL 36116
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000529308
05/05/06-80092-015 150.00

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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 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: Jennifer P. Autrey Jennifer P. Autrey 4-18-06 334-277-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #