

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # F04000006318

1. Entity Name
ARONOV RESORT MANAGEMENT, INC.



Principal Place of Business
3500 EASTERN BOULEVARD
MONTGOMERY, AL 36116

Mailing Address
3500 EASTERN BOULEVARD
MONTGOMERY, AL 36116



04272007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1762218

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
IVES, JENNY L
3500 EASTERN BOULEVARD
MONTGOMERY, AL 36116

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
WILKINSON, SUSAN FAYE
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
PD
ARONOV, JAKE F
3500 EASTERN BOULEVARD
MONTGOMERY, AL 36116

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVPD
ARONOV, OWEN W
3500 EASTERN BOULEVARD
MONTGOMERY, AL 36116

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
TERRY, MICHAEL R
3500 EASTERN BOULEVARD
MONTGOMERY, AL 36116

U000000747478
05/17/07-80027-010 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-07

Date

334-277-1000

Daytime Phone #

Jennifer P. Autrey