


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
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
---	---



01032008 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 <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
--

**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, 2008**

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

U000000925111
05/20/08-80012-021 61.25

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

**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

4-22-08 334-277-1000
Date Daytime Phone #