

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G92679 (1)**

1. Corporation Name
ARIANA SHORES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: **116A PARADISE LN. ARIANA SHORES AUBURDALE FL 33823 US**
Mailing Address: **116A PARADISE LANE AUBURDALE FL 33823 US**

3. Date Incorporated or Qualified: **03/23/1984**
3a. Date of Last Report: **04/14/1995**

2. Principal Place of Business
21 **116A PARADISE LN.**
Suite, Apt. #, etc.
22 City & State: **Auburndale, FL.**
23 Zip: **33823** Country: **USA**

4. FEI Number: **59-2387985**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**JONES, ROBERT L.
153 PARADISE LANE
AUBURDALE FL 33823**

10. Name and Address of New Registered Agent
81 Name: **RALPH O. SMITH**
82 Street Address (P.O. Box Number is Not Acceptable): **133 HOLIDAY LANE**
83 City: **AUBURDALE,**
84 City: **FL** 85 Zip Code: **33823**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: **RALPH O. SMITH** (NOTE: Registered Agent signature required when re-registering)
DATE: **2/7/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKAY, GORDON	1.2 NAME	
STREET ADDRESS	107 PARADISE AUBURDALE FL	1.3 STREET ADDRESS	
CITY-STATE-ZIP	P	1.4 CITY-STATE-ZIP	
TITLE	SANDBRINK, IRVIN <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	156 HOLIDAY LANE AUBURDALE FL	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-STATE-ZIP	D	2.4 CITY-STATE-ZIP	
TITLE	RAMEY, CLYDE <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	150 HOLIDAY LANE AUBURDALE FL	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP	V	3.4 CITY-STATE-ZIP	
TITLE	KILINGER, ALVIN <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	149 PARADISE LANE AUBURDALE FL	4.2 NAME	John H. HOPKINS
STREET ADDRESS		4.3 STREET ADDRESS	114 PARADISE LANE
CITY-STATE-ZIP	S	4.4 CITY-STATE-ZIP	AUBURDALE, FL. 33823
TITLE	SMITH, RALPH <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	133 HOLIDAY LANE AUBURDALE FL	5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP	T	5.4 CITY-STATE-ZIP	
TITLE	KASTER, BETTY <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	152 HOIDYA LANE AUBURDALE FL	6.2 NAME	BETTY KESTER
STREET ADDRESS		6.3 STREET ADDRESS	152 HOLIDAY LANE
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	AUBURDALE, FL. 33823

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Betty Kester** (941) **FEB. 7, 1996** 967-9360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)