

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 21 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G92679 (1)**  
 1. Corporation Name  
**ARIANA SHORES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>116A PARADISE LANE AUBURDALE FL 33823 US</b>	Mailing Address <b>116A PARADISE LANE AUBURDALE FL 33823-2026 US</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/23/1984</b>	3a. Date of Last Report <b>02/19/1996</b>
21 Suite, Apt. #, etc.	26	27	28	4. FEI Number <b>59-2387985</b>	Applied For <input type="checkbox"/> Not Applicable
22 City & State	29	30	31	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>SMITH, RALPH O. 133 HOLIDAY LANE AUBURDALE FL 33823</b>				81 Name	<b>Mowery, Ginnie</b>		
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>138 Paradise Lane</b>		
				83 City	<b>Auburndale</b>		
				84 State	<b>FL</b>	85 Zip Code	<b>33823</b>

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: Ginnie Mowery Secretary Ginnie Mowery (NOTE: Registered Agent signature required when resigning.) DATE: 4/14/97

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKAY, GORDON		1.2 NAME	Karl Z. Johnson	
STREET ADDRESS	107 PARADISE		1.3 STREET ADDRESS	153 Holiday Lane	
CITY-ST-ZIP	AUBURDALE FL		1.4 CITY-ST-ZIP	Auburndale, Fl. 33823	
TITLE	P	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDBRINK, IRVIN		2.2 NAME	Bob Jones	
STREET ADDRESS	158 HOLIDAY LANE		2.3 STREET ADDRESS	153 Paradise Lane	
CITY-ST-ZIP	AUBURDALE FL		2.4 CITY-ST-ZIP	Auburndale, Fl. 33823	
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMEY, CLYDE		3.2 NAME	Ginnie Mowery	
STREET ADDRESS	150 HOLIDAY LANE		3.3 STREET ADDRESS	138 Paradise Lane	
CITY-ST-ZIP	AUBURDALE FL		3.4 CITY-ST-ZIP	Auburndale, Fl. 33823	
TITLE	V	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPKINS, JOHN H.		4.2 NAME	Glen Roberts	
STREET ADDRESS	114 PARADISE LANE		4.3 STREET ADDRESS	154 Holiday Lane	
CITY-ST-ZIP	AUBURDALE FL		4.4 CITY-ST-ZIP	Auburndale, Fl. 33823	
TITLE	S	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, RALPH		5.2 NAME	Bill Dickson	
STREET ADDRESS	133 HOLIDAY LANE		5.3 STREET ADDRESS	130 Paradise Lane	
CITY-ST-ZIP	AUBURANDALE FL		5.4 CITY-ST-ZIP	Auburndale, Fl. 33823	
TITLE	T	<input type="checkbox"/> DELETE	6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KESTER, BETTY		6.2 NAME	Carol Crawford	
STREET ADDRESS	152 HOIDYA LANE		6.3 STREET ADDRESS	137 Paradise Lane	
CITY-ST-ZIP	AUBURDALE FL		6.4 CITY-ST-ZIP	Auburndale, Fl. 33823	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.032(1), 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: Karl Z. Johnson DATE: 4-14-97

CR2E034 (9/96)