

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

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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 LANE, AUBURDALE FL 33823, US
Mailing Address: 116A PARADISE LANE, AUBURDALE FL 33823, US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/23/1984**

4. FET 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: **MOWERY, GINNIE, 138 PARADISE LANE, AUBURDALE FL 33823**

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83 City, 84 City, 85 Zip Code **FL**

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* DATE: **4/7/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: JOHNSON, KARL Z.		1.2 NAME: DICKSON, BILL	
STREET ADDRESS: 153 HOLIDAY LANE		1.3 STREET ADDRESS: 130 PARADISE LANE	
CITY-ST-ZIP: AUBURDALE FL		1.4 CITY-ST-ZIP: AUBURDALE, FL	
TITLE: VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: JONES, BOB		2.2 NAME: HUGHEY, LESLIE	
STREET ADDRESS: 153 PARADISE LANE		2.3 STREET ADDRESS: 156 PARADISE LANE	
CITY-ST-ZIP: AUBURDALE FL		2.4 CITY-ST-ZIP: AUBURDALE, FL	
TITLE: S	<input type="checkbox"/> DELETE	3.1 TITLE: SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MOWERY, GINNIE		3.2 NAME: SAME	
STREET ADDRESS: 138 PARADISE LANE		3.3 STREET ADDRESS: SAME	
CITY-ST-ZIP: AUBURDALE FL		3.4 CITY-ST-ZIP: SAME	
TITLE: D	<input type="checkbox"/> DELETE	4.1 TITLE: SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ROBERTS, GLEN		4.2 NAME: SAME	
STREET ADDRESS: 154 HOLIDAY LANE		4.3 STREET ADDRESS: SAME	
CITY-ST-ZIP: AUBURDALE FL		4.4 CITY-ST-ZIP: SAME	
TITLE: D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: DICKSON, BILL		5.2 NAME: JONES, BOB	
STREET ADDRESS: 130 PARADISE LANE		5.3 STREET ADDRESS: 153 PARADISE LANE	
CITY-ST-ZIP: AUBURDALE FL		5.4 CITY-ST-ZIP: AUBURDALE, FL	
TITLE: D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: CRAWFORD, CAROL		6.2 NAME: FLEISCHER, ERNIE	
STREET ADDRESS: 137 PARADISE LANE		6.3 STREET ADDRESS: 124 HOLIDAY LANE	
CITY-ST-ZIP: AUBURDALE FL		6.4 CITY-ST-ZIP: AUBURDALE, FL	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Ginnie Mowery* DATE: **4/7/98 (941) 967-1208**

CR2E034 (10/97)