

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

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90068 014 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **G92679**

1. Corporation Name
ARIANA SHORES HOMEOWNERS ASSOCIATION, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 116A PARADISE LANE 116A PARADISE LANE
 AUBURNDALE FL 33823 AUBURNDALE FL 33823
 US US

3. Date Incorporated or Qualified
03/23/1984

4. FEI Number Applied For
59-2387985 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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

MOWERY, GINNIE
138 PARADISE LANE
AUBURNDALE FL 33823

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKSON, BILL	1.2 NAME	HART, DOUG
STREET ADDRESS	130 PARADISE LANE	1.3 STREET ADDRESS	169 PARADISE
CITY-ST-ZIP	AUBURNDALE FL	1.4 CITY-ST-ZIP	Auburndale, FL
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHEY, LESLIE	2.2 NAME	
STREET ADDRESS	156 PARADISE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOWERY, GINNIE	3.2 NAME	
STREET ADDRESS	138 PARADISE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, GLEN	4.2 NAME	
STREET ADDRESS	154 HOLIDAY LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	VICE-PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, BOB	5.2 NAME	
STREET ADDRESS	153 PARADISE LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEISCHER, ERNIE	6.2 NAME	SMITH, JUNE
STREET ADDRESS	124 HOLIDAY LANE	6.3 STREET ADDRESS	133 HOLIDAY LN
CITY-ST-ZIP	AUBURNDALE FL	6.4 CITY-ST-ZIP	AUBURNDALE FL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: Leslie D. Hughey **Leslie Hughey** 3/26/99 967-2778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

-CR2E034 (11/98)