


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90144 004 ***150.00

DOCUMENT # G92679					
1. Entity Name ARIANA SHORES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 116A PARADISE LANE AUBURNDAL, FL 33823 US			Mailing Address 116A PARADISE LANE AUBURNDAL, FL 33823 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-2387985			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 BENDER, MARY E 132 HOLIDAY LANE AUBURNDAL, FL 33823			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: <i>Mary E. Bender, Secretary</i>			DATE: 032906		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	S	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUSHKE, SANDRA		NAME	BAUSHKE, SANDRA	
STREET ADDRESS	133 PARADISE LANE		STREET ADDRESS	133 PARADISE LN.	
CITY-ST-ZIP	AUBURNDAL, FL 33823		CITY-ST-ZIP	AUBURNDAL, FL 33823	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HORN, ERNEST W		NAME	Pelham Leon	
STREET ADDRESS	166 HOLIDAY LANE		STREET ADDRESS	124 HOLIDAY LN.	
CITY-ST-ZIP	AUBURNDAL, FL 33823		CITY-ST-ZIP	AUBURNDAL, FL 33823	
TITLE	D	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COCHRAN, DAVID		NAME	COCHRAN, DAVID	
STREET ADDRESS	160 HOLIDAY LANE		STREET ADDRESS	160 HOLIDAY LANE	
CITY-ST-ZIP	AUBURNDAL, FL 33823		CITY-ST-ZIP	AUBURNDAL, FL 33823	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	SEAN PETER D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOPKINS, JOHN		NAME	JENKINS, PETER	
STREET ADDRESS	114 PARADISE LANE		STREET ADDRESS	154 PARADISE LN.	
CITY-ST-ZIP	AUBURNDAL, FL 33823		CITY-ST-ZIP	AUBURNDAL, FL 33823	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES, JIM		NAME	Mc Coy, Fred	
STREET ADDRESS	164 HOLIDAY LANE		STREET ADDRESS	156 HOLIDAY LN	
CITY-ST-ZIP	AUBURNDAL, FL 33823		CITY-ST-ZIP	AUBURNDAL, FL 33823	
TITLE	P	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENDER, MARY E		NAME	BENDER, MARY E	
STREET ADDRESS	132 HOLIDAY LANE		STREET ADDRESS	132 HOLIDAY LANE	
CITY-ST-ZIP	AUBURNDAL, FL 33823		CITY-ST-ZIP	AUBURNDAL, FL 33823	
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 607, 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: <i>Mary E. Bender, Secretary</i>			DATE: 032906		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

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ATTACHMENT

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City & State			City & State		
Zip		Country		4. FEI Number 59-2387985	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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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.				03282006 Chg-P CR2E034 (11/05)	
SIGNATURE <u>Mary E. Bender, Secretary</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)</small>				DATE <u>032906</u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
\$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAUSHKE, SANDRA 133 PARADISE LANE AUBURNDALE, FL 33823	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jones, Robert 144 Holiday Ln. Auburndale, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORN, ERNEST W 166 HOLIDAY LANE AUBURNDALE, FL 33823	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COCHRAN, DAVID 160 HOLIDAY LANE AUBURNDALE, FL 33823	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOPKINS, JOHN 114 PARADISE LANE AUBURNDALE, FL 33823	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, JIM 164 HOLIDAY LANE AUBURNDALE, FL 33823	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENDER, MARY E 132 HOLIDAY LANE AUBURNDALE, FL 33823	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: <u>Mary E. Bender, Secretary</u> <u>032906</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					