


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90052 039 ***150.00

DOCUMENT # G92679					
1. Entity 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03252008 Chg-P CR2E034 (12/06)	
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			7. Name and Address of New Registered Agent		
BENDER, MARY E 132 HOLIDAY LANE AUBURDALE, FL 33823			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	V	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAUSHKE, SANDRA		NAME	HORN, ERNEST	
STREET ADDRESS	133 PARADISE LANE		STREET ADDRESS	166 HOLIDAY LANE	
CITY-ST-ZIP	AUBURDALE, FL 33823		CITY-ST-ZIP	AUBURDALE, FL 33823	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PELHAM, LEON		NAME	McKAY, Gordon	
STREET ADDRESS	124 HOLIDAY LN		STREET ADDRESS	107 PARADISE LN.	
CITY-ST-ZIP	AUBURDALE, FL 33823		CITY-ST-ZIP	AUBURDALE, FL 33823	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COCHRAN, DAVID		NAME	Wetmore, Clayton	
STREET ADDRESS	160 HOLIDAY LANE		STREET ADDRESS	133 HOLIDAY LN.	
CITY-ST-ZIP	AUBURDALE, FL 33823		CITY-ST-ZIP	AUBURDALE, FL 33823	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, PETER		NAME		
STREET ADDRESS	154 PARADISE LN		STREET ADDRESS		
CITY-ST-ZIP	AUBURDALE, FL 33823		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELSH, MICHAEL		NAME		
STREET ADDRESS	133 PARADISE LN.		STREET ADDRESS		
CITY-ST-ZIP	AUBURDALE, FL 33823		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENDER, MARY E		NAME		
STREET ADDRESS	132 HOLIDAY LANE		STREET ADDRESS		
CITY-ST-ZIP	AUBURDALE, FL 33823		CITY-ST-ZIP		
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</i>		Secretary		MARY E. BENDER	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		040108 863-551-1798	
				Daytime Phone #	