

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

03-26-2007 90059 040 \*\*\*\*61.25  
N00000006220

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SECRETARY OF STATE  
40041035 HAHASSEE, FLORIDA

<b>DOCUMENT # N00000006220</b> 1. Entity Name <b>ARMENIAN ACRES PROPERTY OWNERS' ASSOCIATION, INC.</b>			
Principal Place of Business <b>6734 RAVENWOOD ST WESLEY CHAPEL, FL 33544</b>		Mailing Address <b>6734 RAVENWOOD ST WESLEY CHAPEL, FL 33544</b>	
2. Principal Place of Business - No P.O. Box # <b>3743 Sandalwood Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>3743 Sandalwood Dr</b> Suite, Apt. #, etc.	
City & State <b>Land O Lakes, FL</b> Zip Country <b>34639 USA</b>		City & State <b>Land O Lakes, FL</b> Zip Country <b>34639 USA</b>	
4. FEI Number <b>59-3681722</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01092007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent  <b>CORMICAN, DAWN 25723 ARMENIAN LANE WESLEY CHAPEL, FL</b>		7. Name and Address of New Registered Agent Name <b>Dawn Cormican</b> Street Address (P.O. Box Number is Not Acceptable) <b>3743 Sandalwood Dr</b> City State Zip Code <b>Land O Lakes FL 34639</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P ARCIOLA, PAMELLA 3743 SANDALWOOD DRIVE LAND O'LAKES, FL 34639 <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	VP PETTIT, DIANA 15245 AMBERLY DRIVE TAMPA, FL 33647 <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	ST GERSTNER, JEREMY 25830 ARMENIAN LANE WESLEY CHAPEL, FL 33544 <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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		_____ <small>Date Daytime Phone #</small>	