


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90055 050 \*\*\*\*61.25

<b>DOCUMENT # N01000005290</b> 1. Entity Name <b>AUBURN COVE OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O ARGUS 153 CENTER ROAD VENICE, FL 34285</b>			Mailing Address <b>C/O ARGUS 153 CENTER ROAD VENICE, FL 34285</b>		
2. Principal Place of Business <i>C/O Argus</i> Suite, Apt. # etc. <i>181 Center Rd</i> City & State <i>Venice FL</i> Zip <i>34285</i>			3. Mailing Address Suite, Apt. # etc. <i>181 Center Rd</i> City & State City <i>Venice</i> State <i>FL</i> Zip <i>34285</i>		
4. FEI Number <b>65-1121969</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>ARGUS MANAGEMENT 153 CENTER ROAD VENICE, FL 34285</b>			7. Name and Address of New Registered Agent Name <i>ARGUS MANAGEMENT OF VENICE, INC</i> Street Address (P.O. Box Number is Not Acceptable) <i>181 CENTER ROAD</i> City <i>Venice</i> State <i>FL</i> Zip Code <i>34285</i>		
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>Beverly McLaughlin</i> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	NAME	Delete <input type="checkbox"/>	TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	<b>MC LAUGHLIN, BEVERLY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>503 AUBURN COVE CIR VENICE, FL 34292</b>		CITY-ST-ZIP		
TITLE	<b>TD</b>	Delete <input type="checkbox"/>	TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	<b>WINKELMAN, PAUL</b>		NAME		
STREET ADDRESS	<b>401 AUBURN COVE CIR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>VENICE, FL 34292</b>		CITY-ST-ZIP		
TITLE	<b>SD</b>	Delete <input type="checkbox"/>	TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	<b>COLLINS, DANIEL</b>		NAME		
STREET ADDRESS	<b>1202 AUBURN COVE CIR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>VENICE, FL 34292</b>		CITY-ST-ZIP		
TITLE		Delete <input type="checkbox"/>	TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		Delete <input type="checkbox"/>	TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		Delete <input type="checkbox"/>	TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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.					
<b>SIGNATURE:</b> <i>Beverly McLaughlin</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
				Date _____ Daytime Phone # _____	

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