


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90046 032 ****61.25

DOCUMENT # N02000002759	
1. Entity Name AUBURN WOODS OWNERS ASSOCIATION, INC.	

Principal Place of Business 333-S TAMIAMI TRAIL STE 101 VENICE FL 34285	Mailing Address 333 S TAMIAMI TRAIL STE 101 VENICE FL 34285
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2. Principal Place of Business 153 Center Rd	3. Mailing Address 153 Center Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Venice, FL	City & State Venice, FL
Zip 34285	Zip 34285
Country USA	Country USA



1st MOORE CR2E037 (10/04)

4. FEI Number 02-0584403		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MILLER, MICHAEL W 395 COMMERCIAL COURT SUITE A VENICE FL 34292		7. Name and Address of New Registered Agent Name Argus Property Mgmt Street Address (P.O. Box Number is Not Acceptable) 153 Center Rd City Venice FL Zip Code 34285

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 *Barbara O'Neil* (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PARRISH, JAYNE E 333 S TAMIAMI TRAIL STE 101 VENICE FL 34285 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Joseph Calado 224 Auburn Woods Circle Venice, FL 34292 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, MICHAEL W 333 S TAMIAMI TRAIL STE 101 VENICE FL 34285 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Sharon Davis 309 Auburn Woods Circle Venice, FL 34292 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DISTEFANO, PAUL 333 S TAMIAMI TRAIL STE 101 VENICE FL 34285 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Joan Loughery 218 Auburn Woods Circle Venice, FL 34292 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Carol Osmond 232 Auburn Woods Circle Venice, FL 34292 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richard Meers 220 Auburn Woods Circle Venice, FL 34292 <input type="checkbox"/> Change <input checked="" 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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joseph Calado
4087413