

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90029 003 ****61.25

40078064



01112008 Chg-NP CR2E037 (12/06)

4. FEI Number
02-0584403

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # N02000002759

1. Entity Name
AUBURN WOODS OWNERS ASSOCIATION, INC.



Principal Place of Business
181 CTR RD
VENICE, FL 34285

Mailing Address
181 CTR RD
VENICE, FL 34285

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ARGUS PROPERTY MANAGEMENT9Y
181 CTR RD
VENICE, FL 34285

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 _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	V	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLADO, JOSEPH		NAME	Joseph Colado	
STREET ADDRESS	224 AUBURN WOODS CIRCLE		STREET ADDRESS	224 Auburn Woods Cr	
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP	Venice, FL 34292	
TITLE	P	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, REX		NAME	Rex Baker	
STREET ADDRESS	114 AUBURN WOODS CIRCLE		STREET ADDRESS	114 Auburn Woods Cr	
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP	Venice, FL 34292	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, HOPE		NAME	Tony Berta	
STREET ADDRESS	205 AUBURN WOODS CIRCLE		STREET ADDRESS	225 Auburn Woods Cr	
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP	Venice, FL 34292	
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSMUND, CAROL		NAME	John Binder	
STREET ADDRESS	232 AUBURN WOOD CIRCLE		STREET ADDRESS	121 Auburn Woods Cr	
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP	Venice, FL 34292	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BINDER, JOHN		NAME		
STREET ADDRESS	121 AUBURN WOODS CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: Joseph Colado 4-1-08 941 4087413

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #