## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N02000002759

Entity Name

## AUBURN WOODS OWNERS ASSOCIATION, INC.



FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90028 037 \*\*\*\*61.25

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395 COMMERCIAL COURT 395 SUITE A SUIT		395 COI SUITE A	Mailing Address 95 COMMERCIAL COURT UITE A ENICE FL 34292			1 (881))(6) (8)( (84)		11 <b>12</b> (1 <b>11</b> 11) ( <b>1202</b> ) <b>(</b>	))) <b>1 11)</b> )   1 <b>1)</b>	
2. Principal Place of Business 3. Ma			Mailing Address							
Suite, Apt. #, etc. S			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State C			City & State			4. FEI Number 02-0584403			pplied For ot Applicable	
Zip Country Zi				Cou	ıntry			\$8.75 Additional Fee Required		
	6. Name and Address of Current Re	egistere	d Agent			7. Name and Addre	ess of New Registered	Agent		
MILLER, MICHAEL W 395 COMMERCIAL COURT SUITE A					Name Street Address (P.O. Box Number is Not Acceptable)					
VENICE FL 34292					City	* ± 100 · T ·	FL	Zip Cod	ie	
	named entity submits this statement for tions of registered agent.  Signature, typed or printed name of registered agent and					stered agent, or both, in the	e State of Florida. I am	familiar with	, and accept	
10.	FILE NOW: FEE IS \$61.25  OFFICERS AND DIRE	CTORS	9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Parrish, Jayne E. 395 Commercial Ct., S Venice, FL 34292		☐ Delete	NAM STRE				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Miller, Michael W. 395 Commercial Ct., S Venice, FL 34292	Ste.	□ Delete		- 1			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD fine Distefano, Paul 395 Commercial Ct., S Venice, FL 34292	Ste.	☐ Delete		i i			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7		☐ Delete				•	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V V V V V V V V V V V V V V V V V V V		□ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_		☐ Delete	TITL NAM STRI	E			☐ Change	☐ 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 of 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:

WE A STUTTED Michael W. Miller 4/29/03 941-441-1440