

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

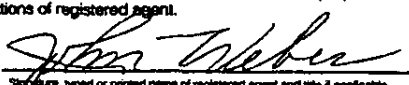
FILED
Mar 22, 2004 8:00 am
Secretary of State

02-09-2004 90042 037 ****61.25

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01282004 Chg-NP CR2E037 (10/03)

DOCUMENT # N03000001030					
1. Entity Name AURORA MOBILE HOMEOWNERS ASSOCIATION INC.					
Principal Place of Business 1902 HAPPY ACRES LN MELBOURNE, FL 32935			Mailing Address 1902 HAPPY ACRES LN MELBOURNE, FL 32935		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0656354	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEBER, JOHN 1902 HAPPY ACRES LN MELBOURNE, FL 32935			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 			DATE 2-3-04		
Filing Fee is \$61.25 Due by May 1, 2004			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 PRESIDENT ☐ Delete			TITLE ☐ Change ☐ Addition		
NAME ROBERT LAWSON			NAME		
STREET ADDRESS 1872 HAPPY ACRES LN			STREET ADDRESS		
CITY-STATE-ZIP MELBOURNE FL 32935			CITY-STATE-ZIP		
TITLE VICE PRESIDENT ☐ Delete			TITLE ☐ Change ☐ Addition		
NAME THOMAS SKY			NAME		
STREET ADDRESS 1920 WINDY OAKS CIR.			STREET ADDRESS		
CITY-STATE-ZIP MELBOURNE FL 32935			CITY-STATE-ZIP		
TITLE TREASURER ☐ Delete			TITLE ☐ Change ☐ Addition		
NAME JOHN WEBER			NAME		
STREET ADDRESS 1902 HAPPY ACRES LN			STREET ADDRESS		
CITY-STATE-ZIP MELBOURNE FL 32935			CITY-STATE-ZIP		
TITLE SECRETARY ☐ Delete			TITLE ☐ Change ☐ Addition		
NAME CAROL THOMAS			NAME		
STREET ADDRESS 1920 WINDY OAKS CIR.			STREET ADDRESS		
CITY-STATE-ZIP MELBOURNE FL 32935			CITY-STATE-ZIP		
TITLE ☐ Delete			TITLE ☐ Change ☐ Addition		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE ☐ Delete			TITLE ☐ Change ☐ Addition		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
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: 			DATE 2-3-04 321-254-9108		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		