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	Mailing Address
1902 HAPPY ACRES LN MELBOURNE, FL 32935	1902 HAPPY ACRES LN MELBOURNE, FL 32935

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
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 John Weber DATE 2-3-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME ROBERT LAWSON STREET ADDRESS 1872 HAPPY ACRES LN CITY-ST-ZIP MELBOURNE FL 32935	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VICE PRESIDENT NAME THOMAS SKY STREET ADDRESS 1920 WINDY OAKS CIR. CITY-ST-ZIP MELBOURNE FL 32935	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE TREASURER NAME JOHN WEBER STREET ADDRESS 1902 HAPPY ACRES LN CITY-ST-ZIP MELBOURNE FL 32935	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE SECRETARY NAME CAROL THOMAS STREET ADDRESS 1920 WINDY OAKS CIR CITY-ST-ZIP MELBOURNE FL 32935	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 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: John Weber 2-3-04 321-254-9108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #