


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 08, 2006 8:00 am**  
**Secretary of State**

06-08-2006 90002 047 \*\*\*\*61.25

**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**

40000003



2. Principal Place of Business  
**1920 WINDY OAK CIRCLE**

3. Mailing Address  
**1920 WINDY OAK CIRCLE**

Suite, Apt. #, etc.

06052006 Chg-NP CR2E037 (4/06)

City & State  
**MELBOURNE, FL**

City & State  
**MELBOURNE, FL**

Zip  
**32935**

Country  
**BREVARD**

Zip  
**32935**

Country  
**BREVARD**

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

**LAWSON, ROBERT E  
 1872 HAPPY ACRES LANE  
 MELBOURNE, FL 32935**

7. Name and Address of New Registered Agent

Name  
**CAROL THOMAS**

Street Address (P.O. Box Number is Not Acceptable)  
**1920 WINDY OAK CIRCLE**

City  
**MELBOURNE**

State  
**FL**

Zip Code  
**32935**

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: CAROL A. THOMAS **CAROL A. THOMAS** 6/5/2006  
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 September 6, 2006**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAWSON, ROBERT 1872 HAPPY ACRES LANE MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SKY, THOMAS 1920 WINDY OAKS CIR. MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEBER, JOHN 1902 HAPPY ACRES LANE MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMAS, CAROL 1920 WINDY OAKS CIR. MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAROL THOMAS 1920 WINDY OAK CIRCLE MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMAS SKY 1920 WINDY OAK CIRCLE MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAROL THOMAS 1920 WINDY OAK CIRCLE MELBOURNE, FL 32935	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: CAROL THOMAS **CAROL THOMAS** 6/5/2006 321.752.6615  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #