

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90053 045 ****61.25

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| DOCUMENT # N03000007954 | | | | | |
| 1. Entity Name AUBURN HAMMOCKS OWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business 181 CENTER RD VENICE, FL 34285 | | | Mailing Address 181 CENTER 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 | | 4. FEI Number 51-0483446 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ARGUS MGMT OF VENICE 181 CENTER 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing <input type="checkbox"/> \$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 P NAME PARRISH, JAYNE E STREET ADDRESS 333 S. TAMiami TRAIL, SUITE 101 CITY-ST-ZIP VENICE, FL 34285 | <input checked="" type="checkbox"/> Delete | | TITLE Larry Chance - VP NAME 321 Reclinata Cir STREET ADDRESS Venice, FL 34292 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE VP NAME MILLER, MICHAEL W STREET ADDRESS 333 S. TAMiami TRAIL, SUITE 101 CITY-ST-ZIP VENICE, FL 34285 | <input checked="" type="checkbox"/> Delete | | TITLE John Di'Ami - Tres NAME 305 Reclinata Cir STREET ADDRESS Venice, FL 34292 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE P NAME SHOOK, CARL STREET ADDRESS 314 RECLINATA CIRCLE CITY-ST-ZIP VENICE, FL 34292 | <input type="checkbox"/> Delete | | TITLE Recl NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE Carol Quigley - Sec NAME 104 Reclinata Cir STREET ADDRESS Venice, FL 34292 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE Roland Hagler - D NAME 323 Reclinata Cir STREET ADDRESS Venice, FL 34292 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | 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: <i>Carl Shook</i> | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date Daytime Phone # | | | | | |