

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90036 049 ****61.25

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

Zip

Country

Zip

Country

01112008 Chg-NP CR2E037 (12/06)

4. FEI Number
51-0483446

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ARGUS MGMT OF VENICE
181 CENTER RD
VENICE, FL 34285**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

SHAWN O'GRADY C.A.M.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/18/08
DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 **VP** ☐ Delete
NAME **CHANCE, LARRY**
STREET ADDRESS **321 RECLINATA CIR**
CITY-ST-ZIP **VENICE, FL 34292**

TITLE **T** ☒ Delete
NAME **DIAMI, JOHN**
STREET ADDRESS **305 RECLINATA CIR**
CITY-ST-ZIP **VENICE, FL 34292**

TITLE **P** ☐ Delete
NAME **SHOOK, CARL**
STREET ADDRESS **314 RECLINATA CIRCLE**
CITY-ST-ZIP **VENICE, FL 34292**

TITLE **S** ☐ Delete
NAME **QUIGLEY, CAROL**
STREET ADDRESS **104 RECLINATA CIR**
CITY-ST-ZIP **VENICE, FL 34292**

TITLE **D** ☒ Delete
NAME **HAGLER, ROLAND**
STREET ADDRESS **323 RECLINATA CIR**
CITY-ST-ZIP **VENICE, FL 34292**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **DIANNI, JOHN**
STREET ADDRESS **305 RECLINATA CIR**
CITY-ST-ZIP **VENICE, FL 34292**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **S MILLER, ELIZABETH**
STREET ADDRESS **307 RECLINATA CIR**
CITY-ST-ZIP **VENICE, FL 34292**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Carl Shook President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-08
Date

941-4880195
Daytime Phone #