

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90030 031 ****61.25

DOCUMENT # N31128 1. Entity Name THE AUSONIAN SOCIETY, INC.			
Principal Place of Business MATOAKA HEIGHTS 7298 38TH COURT EAST SARASOTA FL 34243 US		Mailing Address MATOAKA HEIGHTS 7298 38TH COURT EAST SARASOTA FL 34243 US	
2. Principal Place of Business Matoaka Heights		3. Mailing Address Matoaka Heights	
Suite, Apt. #, etc. 7298 38th Court, East		Suite, Apt. #, etc. 7298 38th Court, East	
City & State Sarasota, Florida		City & State Sarasota, Florida	
Zip 34243	Country USA (Manatee)	Zip 34243	Country USA (Manatee)
6. Name and Address of Current Registered Agent POLIZZI, JOSEPH A 7298 38TH COURT EAST SARASOTA FL 34243		7. Name and Address of New Registered Agent Name Polizzi, Joseph A. (same) 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <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 NAME STREET ADDRESS CITY-ST-ZIP	S HOLLERAN, BRIAN 5958 CLUBSIDE DRIVE SARASOTA FL 34243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POLIZZI, JOSEPH 7298 88TH CT E SARASOTA FL 34243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HOLLERAN, PAULA 5958 CLUBSIDE DRIVE SARASOTA FL 34243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RIZZO, MICHAEL 5115 CANTERBURY DR SARASOTA FL 34243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOXLER, JOSEPHINE 5114 73RD ST. EAST BRADENTON FL 34203 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Boxler, John 5114 73rd St. East Bradenton, Fl. 34203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILMA, RIZZO 5115 CANTERBURY DRIVE SARASOTA FL 34243 <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 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		Joseph A. Polizzi, President 27 Jan.'04	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

03002720



MOORE CR2E037 (11/03)

4. FEI Number **NO-T APPLICABLE**
 Applied For ☐ Not Applicable ☐

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

FL Zip Code

(941) 351-6445