


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90045 020 \*\*\*\*61.25

<b>DOCUMENT # N31128</b>	
1. Entity Name <b>THE AUSONIAN SOCIETY, INC.</b>	

Principal Place of Business <b>MATOAKA HEIGHTS 7298 38TH COURT EAST SARASOTA FL 34243 US</b>	Mailing Address <b>MATOAKA HEIGHTS 7298 38TH COURT EAST SARASOTA FL 34243 US</b>
---	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>5115 CANTERBURY DRIVE</b> Suite, Apt. #, etc.
---	---

City & State <b>SARASOTA, FLORIDA</b>	City & State <b>SARASOTA, FLORIDA</b>
Zip <b>34243</b>	Country <b>MANATEE</b>



1st MOORE CR2E037 (10/04)

4. FEI Number <b>NO-T APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
---	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---------------------------------------

6. Name and Address of Current Registered Agent <b>POLIZZI, JOSEPH A 7298 38TH COURT EAST SARASOTA FL 34243</b>	
--	--

7. Name and Address of New Registered Agent	
Name <b>MICHAEL RIZZO</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>5115 CANTERBURY DRIVE</b>	
City <b>SARASOTA</b>	Zip Code <b>FL 34243</b>

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 *Michael Rizzo* **MICHAEL RIZZO** (NOTE: Registered Agent signature required when reinstating) DATE *January 28, 2005*

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
--	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S HOLLERAN, BRIAN 5958 CLUBSIDE DRIVE SARASOTA FL 34243</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD POLIZZI, JOSEPH 7298 88TH CT E SARASOTA FL 34243</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP HOLLERAN, PAULA 5958 CLUBSIDE DRIVE SARASOTA FL 34243</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT RIZZO, MICHAEL 5115 CANTERBURY DR SARASOTA FL 34243</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BOXLER, JOHN 5114 73RD ST. EAST BRADENTON FL 34203</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D VILMA, RIZZO 5115 CANTERBURY DRIVE SARASOTA FL 34243</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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
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
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* **January 28, 2005** **907-4169**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #