

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N31128



1. Entity Name

THE AUSONIAN SOCIETY, INC.

Principal Place of Business

5669 CTRY LAKES DR
SARASOTA FL 34243
US

Mailing Address

5115 CANTERBERRY DRIVE
SARASOTA FL 34243
US

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

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIZZO, MICHAEL
5115 CANTERBERRY DRIVE
SARASOTA FL 34243

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | U00000642572 | |
| STREET ADDRESS | 03/01/07-80048-013 61.25 | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Michael Rizzo

FEB 15 2007

941.359.3145