

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31128

FILED
Apr 25, 2009
Secretary of State

Entity Name: THE AUSONIAN SOCIETY, INC.

Current Principal Place of Business:

5669 CTRY LAKES DR
SARASOTA, FL 34243 US

New Principal Place of Business:

Current Mailing Address:

5115 CANTERBERRY DRIVE
SARASOTA, FL 34243 US

New Mailing Address:

5115 CANTERBURY DRIVE
SARASOTA, FL 34243 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIZZO, MICHAEL
5115 CANTERBERRY DRIVE
SARASOTA, FL 34243 US

Name and Address of New Registered Agent:

RIZZO, MICHAEL
5115 CANTERBURY DRIVE
SARASOTA, FL 34243 US

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.

SIGNATURE:

04/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: HOLLERAN, BRIAN
Address: 5958 CLUBSIDE DRIVE
City-St-Zip: SARASOTA, FL 34243

Title: PD () Delete
Name: POLIZZI, JOSEPH
Address: 7298 88TH CT E
City-St-Zip: SARASOTA, FL 34243

Title: DVP () Delete
Name: HOLLERAN, PAULA
Address: 5958 CLUBSIDE DRIVE
City-St-Zip: SARASOTA, FL 34243

Title: DT () Delete
Name: RIZZO, MICHAEL
Address: 5115 CANTERBURY DR
City-St-Zip: SARASOTA, FL 34243

Title: D () Delete
Name: JOSEPH, LATONA C
Address: 570 MARSH CREEK RD.
City-St-Zip: VENICE, FL 34292

Title: D () Delete
Name: VILMA, RIZZO
Address: 5115 CANTERBURY DRIVE
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: POLIZZI, JOSEPH
Address: 5669 COUNTRY LAKES DRIVE
City-St-Zip: SARASOTA, FL 34243

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL RIZZO

DT

04/25/2009

Electronic Signature of Signing Officer or Director

Date