

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -7 AM 10:46**

DOCUMENT # N33006 (0)
1. Corporation Name
ARIETTA HILLS PROPERTY OWNERS' ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**ARIETTA HILLS HOMEOWNERS
644 ARIETTA CIR.
AUBURNDALE FL 33823
US** **844 ARIETTA CIR.
AUBURNDALE FL 33823
US**

3. Date Incorporated or Qualified **06/21/1989** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-3018702** Applied For Not Applicable
5. Certificate of Status Desired **\$6.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**POE, NANCY
826 ARIETTA CIR. S.
STE 3
AUBURNDALE FL 33823**

10. Name and Address of New Registered Agent
81 Name **Caldwell, Dorothy D**
82 Street Address (P.O. Box Number is Not Acceptable) **802 Arietta Circle, N**
83
84 City **Auburndale, FL** 85 Zip Code **33823**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Dorothy D Caldwell* (NOTE: Registered Agent signature required when re-registering) DATE **4/2/95**

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
PD **POE, NANCY**
826 ARIETTA CL, S.
AUBURNDALE FL
TD **MCCOY, CASEY**
818 ARIETTA CL, W
AUBURNDALE FL
SD **DOWDY, KATHY D**
638 ARIETTA CL E
AUBURNDALE, FL 33823

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME **PD Caldwell, Dorothy D**
1.3 STREET ADDRESS **802 Arietta Cl, N, Auburndale, FL**
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 this 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Dorothy D Caldwell* (Date) **4/2/95** (Typed Name) **967-3400 (813)**