

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N33006 (0)

1. Corporation Name
ARIETTA HILLS PROPERTY OWNERS' ASSOCIATION, INC.



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

3. Date Incorporated or Qualified **06/21/1989** 3a. Date of Last Report **04/07/1995**

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 Zip Country 29 Country 30

4. FEI Number **59-3018702** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**CALDWELL, DOROTHY D.
802 ARIETTA CIRCLE NORTH
AUBURNDALE FL 33823**

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

11. Pursuant to the provisions of Sections 617.0502 and 617.4508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* **4/23/96**
NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CALDWELL, DOROTHY D.	
STREET ADDRESS	802 N ARIETTA CIR	
CITY-ST-ZIP	AUBURNDALE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MCCOY, CASEY	
STREET ADDRESS	818 ARIETTA CL, W	
CITY-ST-ZIP	AUBURNDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DOWDY, KATHY D	
STREET ADDRESS	838 ARIETTA CL E	
CITY-ST-ZIP	AUBURNDALE, FL 33823	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PD	
1.3 STREET ADDRESS	Caldwell, Dorothy D	
1.4 CITY-ST-ZIP	802 N Arietta CL, Auburndale 33823	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	TD	
2.2 NAME	McCoy, Casey	
2.3 STREET ADDRESS	818 Airetta CL, W, Auburndale 33823	
2.4 CITY-ST-ZIP	33823	
3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Dowdy, Kathy D	
3.3 STREET ADDRESS	838 Arietta CL, E, Auburndale 33823	
3.4 CITY-ST-ZIP	33823	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **4/23/96** **965-1331**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CE037 (12/95)