

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 05 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N33006 (0)**  
 1. Corporation Name  
**ARIETTA HILLS PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>ARIETTA HILLS HOMEOWNERS 844 ARIETTA CIR. AUBURNDALE FL 33823 US</b>	Mailing Address <b>844 ARIETTA CIR. AUBURNDALE FL 33823 US</b>
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3. Date Incorporated or Qualified  
**06/21/1989**

4. FEI Number  
**59-3018702**

Applied For	Not Applicable
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2. Principal Place of Business <b>81 844 Arietta Cl</b>	2a. Mailing Address <b>26 844 Arietta Cl. S</b>
City & State <b>23 Auburndale</b>	City & State <b>28 Florida</b>
Zip <b>24 33823</b>	Zip <b>29 33823</b>

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

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  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 <b>Dorothy D Caldwell</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>802 Arietta Cl, N</b>
83 City <b>Auburndale, FL 33823</b>
84 City <b>Auburndale</b>
85 Zip Code <b>FL 33823</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>PD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Caldwell, Dorothy D</b>	
1.3 STREET ADDRESS <b>802 Arietta Cl</b>	
1.4 CITY-ST-ZIP <b>Auburndale, FL 33823</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE <b>TD</b>	
2.2 NAME <b>Jackie Rowell</b>	
2.3 STREET ADDRESS <b>844 Arietta Cl, S, Auburndale, FL</b>	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE <b>SD</b>	
3.2 NAME <b>Dowdy, Kathy D</b>	
3.3 STREET ADDRESS <b>838 Arietta CL, East</b>	
3.4 CITY-ST-ZIP <b>Auburndale, FL 33823</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 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: \_\_\_\_\_ **Dorothy D Caldwell** 4/22/98 (941) 967-3400

CR2E037 (10/97)