


FILED
May 17, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N33006

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

Principal Place of Business ARIETTA HILLS HOMEOWNERS 844 ARIETTA CIR. AUBURNDALE FL 33823 US	Mailing Address 844 ARIETTA CIR. AUBURNDALE FL 33823 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 06/21/1989	4. FEI Number 59-3018702 Applied For Not Applicable
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	

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
FL	85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CALDWELL, DOROTHY D.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	802 N ARIETTA CIR	1.2 NAME	
STREET ADDRESS	AUBURNDALE FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD MCCOY, CASEY	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	818 ARIETTA CL, W	2.2 NAME	
STREET ADDRESS	AUBURNDALE FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD DOWDY, KATHY D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	838 ARIETTA CL E	3.2 NAME	
STREET ADDRESS	AUBURNDALE, FL 33823	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD ROWELL, JACKIE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	844 ARIETTA CL S	4.2 NAME	
STREET ADDRESS	AUBURNDALE FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED 5/20/99 941-967-5844
 JACKIE C. ROWELL, TREASURER

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