

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90004 013 ****61.25

DOCUMENT # N33006

1. Entity Name

ARIETTA HILLS PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O ARIETTA HILLS HOMEOWNERS ASSOC.
P.O. BOX 1234
AUBURNDALE FL 33823-1234
US

C/O ARIETTA HILLS HOMEOWNERS ASSOC.
P.O. BOX 1234
AUBURNDALE FL 33823-1234
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3018702

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALDWELL, DOROTHY D.
802 ARIETTA CIRCLE NORTH
AUBURNDALE FL 33823

Name **Deborah A. Andrews**

Street Address (P.O. Box Number is Not Acceptable)

810 Arietta Circle North

City **Auburndale**

FL

Zip Code **33823**

8. 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.

Deborah A. Andrews - PD

SIGNATURE *Deborah A. Andrews*

(NOTE: Registered Agent signature required when reinstating)

2-25-01

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **CALDWELL, DOROTHY D.**
STREET ADDRESS **802 N ARIETTA CIR**
CITY-ST-ZIP **AUBURNDALE FL**

TITLE **PD** ☒ Change ☐ Addition
NAME **Andrews, Deborah A.**
STREET ADDRESS **810 Arietta Circle North**
CITY-ST-ZIP **Auburndale, Florida 33823**

TITLE **SD** ☒ Delete
NAME **HAWKS, KATE**
STREET ADDRESS **840 ARIETTA CIRCLE E.**
CITY-ST-ZIP **AUBURNDALE FL 33823**

TITLE **SO** ☒ Change ☐ Addition
NAME **Goode Michelle**
STREET ADDRESS **838 Arietta Circle**
CITY-ST-ZIP **Auburndale, Florida 33823**

TITLE **TD** ☒ Delete
NAME **ROWELL, JACKIE**
STREET ADDRESS **844 ARIETTA CL S**
CITY-ST-ZIP **AUBURNDALE FL**

TITLE **TD** ☒ Change ☐ Addition
NAME **Brown, Alisa**
STREET ADDRESS **838 Arietta Circle South**
CITY-ST-ZIP **Auburndale, Florida 33823**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deborah A. Andrews - PD

Date

Daytime Phone #

CR2E037 (10/00)