

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33663

FILED  
Jul 18, 2012  
Secretary of State

**Entity Name:** ADRIANE PARK HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

ADRIANE PARK  
609 ADRIANE PARK CIR  
KISSIMMEE, FL 34744 US

**New Principal Place of Business:**

ADRIANE PARK  
628 ADRIANE PARK CIR  
KISSIMMEE, FL 34744 US

**Current Mailing Address:**

ADRIANE PARK  
609 ADRIANE PARK CIR  
KISSIMMEE, FL 34744 US

**New Mailing Address:**

ADRIANE PARK  
628 ADRIANE PARK CIR  
KISSIMMEE, FL 34744 US

**FEI Number:** 59-2984157

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILLER, BRUCE  
609 ADRIANE PARK CIR  
KISSIMMEE, FL 34744 US

**Name and Address of New Registered Agent:**

SYKES, SHIRLEY  
628 ADRIANE PARK CIR  
KISSIMMEE, FL 34744 US

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.

SIGNATURE: SHIRLEY SYKES

07/18/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: SYKES, SHIRLEY  
Address: 628 ADRIANE PARK CIR.  
City-St-Zip: KISSIMMEE, FL 34744

Title: VP  
Name: BUDESHEIM, PAUL  
Address: 620 ADRIANE PARK CIR  
City-St-Zip: KISSIMMEE, FL 34744

Title: SEC  
Name: PHILLIPS, GILLIAN  
Address: 601 ADRIANE PARK CIR  
City-St-Zip: KISSIMMEE, FL 34744

Title: T  
Name: MINIER, MANUEL  
Address: 649 ADRIANE PARK CIRCLE  
City-St-Zip: KISSIMMEE, FL 34744

Title: D  
Name: PATE, JOHN  
Address: 701 ADRIANE PARK CIRCLE  
City-St-Zip: KISSIMMEE, FL 34744

Title: D  
Name: WOODYARD, TINA  
Address: 668 ADRIANE PARK CIRCLE  
City-St-Zip: KISSIMMEE, FL 34744

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GILLIAN PHILLIPS

S

07/18/2012

Electronic Signature of Signing Officer or Director

Date