


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90032 043 ****61.25

DOCUMENT # N41550 1. Entity Name ARIANA HARBOR HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 164 HARBOR WAY AUBURNDAL, FL 33823 US			Mailing Address 164 HARBOR WAY AUBURNDAL, FL 33823 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3047610	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TIDWELL, MARY ELLEN 142 HARBOR WAY AUBURNDAL, FL 33823				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME TIDWELL, MARY E STREET ADDRESS 142 HARBOR WAY CITY-ST-ZIP AUBURNDAL, FL 33823	<input type="checkbox"/> Delete		TITLE D NAME Firebaugh, John STREET ADDRESS 127 Harbor Way CITY-ST-ZIP Auburndale, FL 33823	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME PIERCE, DAN STREET ADDRESS 119 HARBOR WAY CITY-ST-ZIP AUBURNDAL, FL 33823	<input checked="" type="checkbox"/> Delete		TITLE D NAME BENNETT, ALICE STREET ADDRESS 104 HARBOR WAY CITY-ST-ZIP AUBURNDAL, FL 33823	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME TEBO, JANET STREET ADDRESS 118 HARBOR WAY CITY-ST-ZIP AUBURNDAL, FL 33823	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME ENNIS, LAURA STREET ADDRESS 103 HARBOR WAY CITY-ST-ZIP AUBURNDAL, FL 33823	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME JARRETT, DAVID STREET ADDRESS 100 HARBOR WAY CITY-ST-ZIP AUBURNDAL, FL 33823	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME CHRISTIAN, CECIL STREET ADDRESS 158 HARBOR WAY CITY-ST-ZIP AUBURNDAL, FL 33823	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>David Jarrett</i> (DAVID JARRETT)			2/17/06		863-967-8357
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>