


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90019 029 \*\*\*\*61.25

<b>DOCUMENT # N41550</b> 1. Entity Name <b>ARIANA HARBOR HOMEOWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>164 HARBOR WAY AUBURNDAL, FL 33823 US</b>			Mailing Address <b>164 HARBOR WAY AUBURNDAL, FL 33823 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip Country		City & State  Zip Country		4. FEI Number <b>59-3047610</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01062007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent  <b>TIDWELL, MARY ELLEN 142 HARBOR WAY AUBURNDAL, FL 33823</b>			7. Name and Address of New Registered Agent Name <b>HUDSON, CAROLE</b> Street Address (P.O. Box Number is Not Acceptable) <b>121 HARBOR WAY</b> City <b>AUBURNDAL</b> FL Zip Code <b>33823</b>		
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 <u><i>Carol Hudson</i></u> <b>CAROLE HUDSON, DIRECTOR</b> <b>1-28-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contributions <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TIDWELL, MARY E 142 HARBOR WAY AUBURNDAL, FL 33823 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, ALICE 104 HARBOR WAY AUBURNDAL, FL 33823 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D BANKS, LUCRETIA 106 HARBOR WAY AUBURNDAL, FL 33823 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TEBO, JANET 118 HARBOR WAY AUBURNDAL, FL 33823 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ENNIS, LAURA 103 HARBOR WAY AUBURNDAL, FL 33823 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D ALBRO, PATRICIA 145 HARBOR WAY AUBURNDAL, FL 33823 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JARRETT, DAVID 100 HARBOR WAY AUBURNDAL, FL 33823 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D HUDSON, CAROLE 121 HARBOR WAY AUBURNDAL, FL 33823 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTIAN, CECIL 158 HARBOR WAY AUBURNDAL, FL 33823 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAWLIN, BOB 129 HARBOR WAY AUBURNDAL, FL 33823 <input type="checkbox"/> Change <input checked="" 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.					
<b>SIGNATURE:</b> <u><i>Carol Hudson</i></u> <b>CAROLE HUDSON</b> <b>1/28/07</b> <b>863 967-6372</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

60010542

#V41550

OFFICERS & DIRECTORS (CONTINUED)

D

ADDITION

WIDNER, BILL

102 HARBOR WAY

AUBURNDALE, FL 33823