

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41550

FILED
Jan 30, 2009
Secretary of State

Entity Name: ARIANA HARBOR HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

164 HARBOR WAY
AUBURNDALE, FL 33823 US

New Principal Place of Business:

Current Mailing Address:

164 HARBOR WAY
AUBURNDALE, FL 33823 US

New Mailing Address:

164 HARBOR WAY
AUBURNDALE, FL 33823 US

FEI Number: 59-3047610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUDSON, CAROLE
121 HARBOR WAY
AUBURNDALE, FL 33823 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TIDWELL, MARY E
Address: 142 HARBOR WAY
City-St-Zip: AUBURNDALE, FL 33823

Title: VD () Delete
Name: BANKS, LUCRETIA
Address: 106 HARBOR WAY
City-St-Zip: AUBURNDALE, FL 33823

Title: D () Delete
Name: LIEBERMAN, DAYLE
Address: 126 HARBOR WAY
City-St-Zip: AUBURNDALE, FL 33823

Title: SD () Delete
Name: ALBRO, PATRICIA
Address: 145 HARBOR WAY
City-St-Zip: AUBURNDALE, FL 33823

Title: TD () Delete
Name: HUDSON, CAROLE
Address: 121 HARBOR WAY
City-St-Zip: AUBURNDALE, FL 33823

Title: D () Delete
Name: PAWLIN, BOB
Address: 129 HARBOR WAY
City-St-Zip: AUBURNDALE, FL 33823

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: POWERS, STEVE
Address: 120 HARBOR WAY
City-St-Zip: AUBURNDALE, FL 33823

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: PAWLIN, BOB
Address: 129 HARBOR WAY
City-St-Zip: AUBURNDALE, FL 33823

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CAROLE HUDSON

TD

01/30/2009

Electronic Signature of Signing Officer or Director

Date