

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N41633 (1)
1. Corporation Name
ARIETTA PALMS PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business 2248 PALMVIEW CIRCLE AUBURNDALE FL 33823-9218	Mailing Address 2248 PALMVIEW CIRCLE AUBURNDALE FL 33823-9218
---	---

3. Date Incorporated or Qualified 01/11/1991	Applied For Not Applicable
4. FEI Number 59-3137103	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 25	Zip 29
Country 29	Country 30

9. Name and Address of Current Registered Agent
**COLLINS, THOMAS A.
2248 PALMVIEW CIR WEST
AUBURNDALE FL 33823**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	BOWKER, RICK	
STREET ADDRESS	2208 PALMVIEW CIR EAST	
CITY-ST-ZIP	AUBURNDALE FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	COLLINS, THOMAS A	
STREET ADDRESS	2248 PALMVIEW CIRCLE	
CITY-ST-ZIP	AUBURNDALE FL 33823-9218	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	SHOUPPE, MELINDA	
STREET ADDRESS	2240 PALMVIEW CIRCLE EAST	
CITY-ST-ZIP	AUBURNDALE FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	ALFSEN, JOHN	
STREET ADDRESS	2218 PALMVIEW CIRCLE	
CITY-ST-ZIP	AUBURNDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Thomas A. Collins* **Thomas A. Collins** 6-18-98

CFR2E037 (10/97)