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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N41633

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/11/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI-Number	
22		27		59-3137103	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country			
24 25		29 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOWKER, RICK	1.2 NAME	Kenny Baker
STREET ADDRESS	2208 PALMVIEW CIR EAST	1.3 STREET ADDRESS	2211 Palmview Circle West
CITY-ST-ZIP	AUBURNDALE FL	1.4 CITY-ST-ZIP	Auburndale, FL 33823-9218
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, THOMAS A	2.2 NAME	
STREET ADDRESS	2248 PALMVIEW CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL 33823-9218	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOUPPE, MELINDA	3.2 NAME	
STREET ADDRESS	2240 PALMVIEW CIRCLE EAST	3.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL	3.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFSEN, JOHN	4.2 NAME	
STREET ADDRESS	2218 PALMVIEW CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Thomas A. Collins* DATE: 2-22-99 941-967-8135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)