

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90042 017 ****61.25

DOCUMENT # N41633

1. Entity Name

ARIETTA PALMS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2248 PALMVIEW CIRCLE
 AUBURNDALE FL 33823-9218

2248 PALMVIEW CIRCLE
 AUBURNDALE FL 33823

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3137103

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLLINS, THOMAS A.
2248 PALMVIEW CIR WEST
AUBURNDALE FL 33823

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DVP** Delete
 NAME **BAKER, KENNY**
 STREET ADDRESS **2211 PALMVIEW CIRCLE WEST**
 CITY-ST-ZIP **AUBURNDALE FL 33823-9218**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DT** Delete
 NAME **COLLINS, THOMAS A**
 STREET ADDRESS **2248 PALMVIEW CIRCLE**
 CITY-ST-ZIP **AUBURNDALE FL 33823-9218**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DS** Delete
 NAME **SHOUPPE, MELINDA**
 STREET ADDRESS **2240 PALMVIEW CIRCLE EAST**
 CITY-ST-ZIP **AUBURNDALE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **33823-9218**

TITLE **DP** Delete
 NAME **ALFSEN, JOHN**
 STREET ADDRESS **2218 PALMVIEW CIRCLE**
 CITY-ST-ZIP **AUBURNDALE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **DP**
 NAME **Craig Bowie**
 STREET ADDRESS **2249 Palmview Cir W.**
 CITY-ST-ZIP **Auburndale, FL 33823-9218**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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: *Thomas A. Collins*

5-25-00

863-967-8135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)