

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 12, 2007  
Secretary of State**

DOCUMENT# N41633

Entity Name: ARIETTA PALMS PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2254 PALMVIEW CIRCLE WEST  
AUBURNDALE, FL 338239218

**New Principal Place of Business:**

**Current Mailing Address:**

2254 PALMVIEW CIRCLE WEST  
AUBURNDALE, FL 338239218

**New Mailing Address:**

FEI Number: 59-3137103      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CROWDER, DEANNA L  
2254 PALMVIEW CIRCLE WEST  
AUBURNDALE, FL 338239218 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: P/D ( ) Delete  
Name: BULKILVISH, LISA  
Address: 2265 PALMVIEW CIRCLE WEST  
City-St-Zip: AUBURNDALE, FL 338239218

Title: T/D ( ) Delete  
Name: CROWDER, DEANNA L  
Address: 2254 PALMVIEW CIRCLE WEST  
City-St-Zip: AUBURNDALE, FL 338239218

Title: S/D ( ) Delete  
Name: PETTUS, VICKY  
Address: 2218 PALMVIEW CIRCLE EAST  
City-St-Zip: AUBURNDALE, FL 338239218

Title: VP/D (X) Delete  
Name: HARPER, SANDY  
Address: 2224 PALMVIEW CIRCLE EAST  
City-St-Zip: AUBURNDALE, FL 338239218

Title: D (X) Delete  
Name: RUSSELL, NIKKI  
Address: 2237 PALMVIEW CIRCLE EAST  
City-St-Zip: AUBURNDALE, FL 338239218

Title: D ( ) Delete  
Name: COLLINS, THOMAS  
Address: 2248 PALMVIEW CIRCLE WEST  
City-St-Zip: AUBURNDALE, FL 338239218

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: MOORE, STEVE  
Address: 334 PALMVIEW CIRCLE NORTH  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DEANNA CROWDER

T/D

05/12/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date