

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42102

FILED
Feb 06, 2005
Secretary of State

Entity Name: AUBURN ACRES HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

1329 OAK POINT CT
VENICE, FL 34292 US

New Principal Place of Business:

Current Mailing Address:

1329 OAK POINT CT
VENICE, FL 34292 US

New Mailing Address:

FEI Number: 65-0424276

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENDRICKSON, GARY
1329 OAK POINT CT
VENICE, FL 34292 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: DV () Delete
Name: HENDRICKSON, GARY
Address: 1329 OAK POINT CT
City-St-Zip: VENICE, FL 34292

Title: DS () Delete
Name: PILCH, DOUGLAS
Address: 1325 OAK POINT CT
City-St-Zip: VENICE, FL 34292

Title: DV () Delete
Name: LEAKE, JAMES
Address: 1321 OAK POINT CT
City-St-Zip: VENICE, FL 34292

Title: DT () Delete
Name: MUTER, JOSEPH J
Address: 1333 OAK POINT CT
City-St-Zip: VENICE, FL 34292

Title: DP () Delete
Name: MARTINEAU, CINDY
Address: 1338 OAK POINT CT
City-St-Zip: VENICE, FL 34292 US

Title: DV () Delete
Name: MOORE, JAMES
Address: 1320 OAK POINT CT
City-St-Zip: VENICE, FL 34292

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DOUGLAS PILCH

DS

02/06/2005

Electronic Signature of Signing Officer or Director

Date