

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 JUL -3 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **N48134 (3)**  
1. Corporation Name  
**ARIETTA LANDINGS HOME OWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**519 SHAUSA BLVD AUBURNDALE FL 33823**

3. Date Incorporated or Qualified **03/31/1992** 3a. Date of Last Report **06/27/1994**  
4. FEI Number **NOT APPLICABLE** Accepted For  Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 State, Apt #, etc 26 State, Apt #, etc

22 City & State 27 City & State

23 Zip 28 Zip 29 Country 30 Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S 197.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MURPHY, LEON  
519 SHALISA BLVD  
AUBURNDALE FL 33823-9668**

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 607.0502 and 607.1508, 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 hereby with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature (Name or printed name of registered agent and title if applicable)

2011 (Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>
NAME	<b>MCCARTHY, TERESA</b>
STREET ADDRESS	<b>514 SHALISA BLVD</b>
CITY, ST, ZIP	<b>AUBURNDALE FL</b>
TITLE	<b>D JACKSON</b>
NAME	<b>ROBERTS, WANDA</b>
STREET ADDRESS	<b>518 SHAUSA BLVD.</b>
CITY, ST, ZIP	<b>AUBURNDALE FL</b>
TITLE	<b>D</b>
NAME	<b>MURPHY, BARBARA</b>
STREET ADDRESS	<b>519 SHALISA BLVD</b>
CITY, ST, ZIP	<b>AUBURNDALE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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 do hereby certify that the information contained with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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. 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 in an attachment with an address.

SIGNATURE:

*Teresa McCarthy*

6/24/95

813 (905-2332)

SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR

Circle 1104