


FILE NOW: FILING FEE IS \$61.25

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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N48134 (3)
1. Corporation Name
ARIETTA LANDINGS HOME OWNERS ASSOCIATION, INC.



Principal Place of Business 519 SHALISA BLVD AUBURDALE FL 33823	Mailing Address 519 SHALISA BLVD AUBURDALE FL 33823-9668
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3. Date Incorporated or Qualified 03/31/1992	3a. Date of Last Report 04/11/1996
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2. Principal Place of Business 21 506 Shalisa Blvd. Suite, Apt. #, etc.	2a. Mailing Address 26 506 Shalisa Blvd. Suite, Apt. #, etc.
22 City & State Auburndale, FL	27 City & State Auburndale, FL
23 Zip 33823 Country	28 Zip 33823 Country

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**MURPHY, LEON
519 SHALISA BLVD
AUBURDALE FL 33823-9668**

10. Name and Address of New Registered Agent
81 Name **David Sims**
82 Street Address (P.O. Box Number is Not Acceptable)
506 Shalisa Blvd.
83
84 City **Auburndale, FL** 85 Zip Code **33823**

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 *David Sims* **DAVID SIMS** **4-23-97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	MCCARTHY, TERESA
STREET ADDRESS	514 SHALISA BLVD
CITY-ST-ZIP	AUBURDALE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ROBERTS, WANDA
STREET ADDRESS	516 SHALISA BLVD
CITY-ST-ZIP	AUBURDALE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MURPHY, BARBARA
STREET ADDRESS	519 SHALISA BLVD
CITY-ST-ZIP	AUBURDALE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gene R. Bergfield
2.3 STREET ADDRESS	510 Shalisa Blvd.
2.4 CITY-ST-ZIP	Auburndale, FL 33823
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Angel Sims
3.3 STREET ADDRESS	506 Shalisa Blvd.
3.4 CITY-ST-ZIP	Auburndale, FL 33823
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	David Sims
4.3 STREET ADDRESS	506 Shalisa Blvd.
4.4 CITY-ST-ZIP	Auburndale, FL 33823
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 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.

SIGNATURE: *Gene R. Bergfield* **GENE R. BERGFELD** **(941) 967-7745** **25 APRIL 97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)