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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

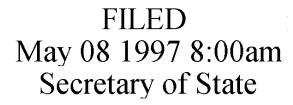
1997

DOCUMENT #
1. Corporation Name

N48134

(3)

ARIETTA LANDINGS HOME OWNERS ASSOCIATION, INC.





Principal Place of Business Mailing Address					T (DESILIE) BEL BERBI FRIND KLOON SKIR BERK BERK BERK BERK BERK BERK BERK BER				
519 SHALISA BLVD 519 SHALISA BLVD AUBURNDALE FL 33823 AUBURNDALE FL 33823			3						
					3. Date Incorporated or Qualified 03/31/1992		e of Last R 04/11/19		
	lace of Business Shalisa Blvd.	2e. Mailing Address 26 506 Shalisa Blvd.		d.	4. FEI Number NOT APPLICABLE	Applied For Not Applicable			
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75		
22		27			b. Certificate of Status Desired	<u> </u>		equired	
City & State Auburndale, FL		20	Auburndale, FL		6. Election Campaign Financing Trust Fund Contribution		7,0000 10 1 808		
Zip 338:	23 Country	^{Zip} 33823	Country		8. This corporation has liability for		ax under s] No	. 199.032,	
24 330.	9. Name and Address of Curre		<u>ol</u>	,,,, <u> </u>	Florida Statutes I 10. Name and Address of New Re				
			81 Na	me Dav	ld Sims				
MURPH	Y LEON					blo)			
MURPHY, LEON 519 SHALISA BLVD			DZ SIII	treet 506s Shar Number B Not Acceptable)					
	NDALE FL 33823-9668		83						
			84 Cit	Y A t			85 Zip-	Code a	
			1 1	AUD	urndale,	<u> </u>		3823	
11. Pursuant office or r	to the provisions of Sections 617.05 egistered agent, or both, in the Stat	02 and 617 1508, Florida Statutes e of Florida. Such change was au	, the above-nan horized by the	ned corpor corporation	ation submits this statement for the n's board of directors. I hereby acce	purpose of o pt the appo	changing # intment as	is registered registered	
agent. I a	m familiar with, and accept the oblig	gations of, Section 617.0503, Flori	da Statutes.	·	4.00				
SIGNATURE	Signature, typed or printed name of registered as	sent and little if applicable (NOTE:	S/MS Registered Agent sign	nature required	4-23	-9 <i>7</i>			
12.		ND DIRECTORS	13.	alore required	ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	1S IN 12	
TITLE	D	DELETE	1.1 TITLE			1	Change	Addition	
NAME	MCCARTHY, TERESA		1.2 NAME				•		
STREFT ADDRESS	514 SHALISA BLVD		1.3 STREET ADDRE	ESS					
CITY-ST-ZIP	AUBURNDALE FL		1.4 CITY-ST-ZIP		1 A				
TITLE	0	XX DELETE	2.1 TITLE	D	D Downfield	4	2 Change	Addition	
NAME	ROBERTS, WANDA		2.2 NAME	Ge F1	ne R. Bergfield O Shallsa Blvd.				
STREET ADDRESS	516 SHALISA BLVD		2.3 STREET ADORE			823			
CITY-ST-ZIP	AUBURNDALE FL	XX DELETE	2.4 CITY - ST - ZIP 3.1 TITLE	1 Au	burndare, FL 3:		X Change	Addition	
NAME	D Murphy, Barbara	71.24 00000	3.2 NAME		gel Slms	^	Pag ordingo	Last receive	
STREET ADDRESS	519 SHALISA BLVD		3.3 STREET ADDR		6 Shalisa Blvd.				
CITY-ST-ZIP	AUBURNDALE FL		3.4. CITY - ST - ZIP			3823			
TITLE	7,0001110712210	☐ DELETE	4.1 TITLE	D			Change	Additio	
NAME			4. 2 NAME	-	vid Sims				
STREET ADDRESS			4.3 STREET ADDR		6 Shalisa Blvd.				
CITY-ST-ZIP			4.4 CITY - ST - ZIP		burndale, FL 3	823			
TITLE		☐ DELETE	5.1 TITLE		<u></u>	•	Change	L Addition	
NAME			5.2 NAME		,				
STREET ADORESS			5.3 STREET ADDR		•				
CITY-S1-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		***************************************		Change	Addition	
NAME		[Deterie	6.1 THE 6.2 NAME				have Critishing	Addition	
STREET ADDRESS			6.3 STREET ADDR	ress.					
CITY-ST-ZIP			6.4 CITY-ST-ZIP						
	by certify that the information suppli	ed with this fiting does not qualify			n Section 119.07(3)(i). Florida Statut	es I further	certify that	the	

4. To hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119,073(f), Florida Statutes. Further certify that the information indicated on this annual report or suppliemental 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:

Same I Surger of the Control of the