

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PM 5: 57

DOCUMENT # N92000000949 (9)

1. Corporation Name

HOMEOWNERS' ASSOCIATION OF ARIANA VILLAGE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1625 ARIANA ST NO 217
LAKELAND FL 33803

1625 ARIANA ST NO 217
LAKELAND FL 33803

3. Date Incorporated or Qualified **01/01/1993**
3a. Date of Last Report **02/28/1994**

4. FEI Number **NOT APPLICABLE**
Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **1625 ARIANA ST.**

26 **1625 ARIANA ST.**

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

22 Suite, Apt. #, etc. **No. 217**

27 Suite, Apt. #, etc. **No. 217**

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

23 City & State **LAKELAND, FL**

28 City & State **LAKELAND, FL**

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

24 Zip **33803**

25 Country **USA**

29 Zip **33803**

30 Country **USA**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEELER, RICHARD
1625 ARIANA ST NO 41
LAKELAND FL 33803

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DV**
NAME **BAILEY, HAROLD**
STREET ADDRESS **1625 ARIANA ST #118**
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **DV**
NAME **BOLYARD, ROBERT**
STREET ADDRESS **1625 ARIANA ST #133**
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **DV**
NAME **DUNBAR, EDWARD**
STREET ADDRESS **1625 ARIANA ST #55**
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **DT**
NAME **FOREMAN, DOROTHY**
STREET ADDRESS **1625 ARIANA ST #145**
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **DP**
NAME **WHITE, ALFRED G**
STREET ADDRESS **1625 ARIANA ST #76**
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **DS**
NAME **BEELER, RICHARD**
STREET ADDRESS **1625 ARIANA ST. #41**
CITY-ST-ZIP **LAKELAND FL 33803**

11 TITLE **DV**
12 NAME **HAROLD WARREN**
13 STREET ADDRESS **1625 ARIANA ST. #134**
14 CITY-ST-ZIP **LAKELAND, FL 33803**

21 TITLE **DV**
22 NAME **J.H. BAILEY**
23 STREET ADDRESS **1625 ARIANA ST #44**
24 CITY-ST-ZIP **LAKELAND, FL 33803**

31 TITLE **DV**
32 NAME **Harold Baker**
33 STREET ADDRESS **1625 ARIANA ST. #35**
34 CITY-ST-ZIP **LAKELAND, FL 33803**

41 TITLE **DT**
42 NAME **EILEEN KOETPEN**
43 STREET ADDRESS **1625 ARIANA ST. #137**
44 CITY-ST-ZIP **LAKELAND, FL 33803**

51 TITLE **DV**
52 NAME **MARVIN WYMAN**
53 STREET ADDRESS **1625 ARIANA ST. #79**
54 CITY-ST-ZIP **LAKELAND, FL 33803**

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 the 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 original.

SIGNATURE: **EILEEN KOETPEN, DT** Eileen Koetpen
TREASURER

2/23/95 688-6911