

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N92000000949 (9)**

1. Corporation Name  
**HOMEOWNERS' ASSOCIATION OF ARIANA VILLAGE, INC.**



Principal Place of Business  
**1625 ARIANA ST  
NO. 217  
LAKELAND FL 33803  
US**

Mailing Address  
**1625 ARIANA ST  
NO 217  
LAKELAND FL 33803  
US**

3. Date Incorporated or Qualified  
**01/01/1993**

3a. Date of Last Report  
**04/03/1995**

2. Principal Place of Business  
21  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip  
24

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29

Country  
30

4. FEI Number  
**NOT APPLICABLE**

Applied For  
 Applied For  
 Not Applicable

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

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

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 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

Signature, typed or printed name of registered agent and title if not a director.

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

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>DV DP</b>	<input type="checkbox"/> DELETE
NAME	<b>BAILEY, HAROLD</b>	
STREET ADDRESS	<b>1625 ARIANA ST #118</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33803</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>BAILEY, J. H</b>	
STREET ADDRESS	<b>1625 ARIANA ST #44</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>DUNBAR, EDWARD</b>	
STREET ADDRESS	<b>1625 ARIANA ST #55</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33803</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>KOEPPEN, EILEEN</b>	
STREET ADDRESS	<b>1625 ARIANA ST #137</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	
TITLE	<b>DP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WHITE, ALFRED G</b>	
STREET ADDRESS	<b>1625 ARIANA ST #76</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33803</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>BEELER, RICHARD</b>	
STREET ADDRESS	<b>1625 ARIANA ST. #41</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33803</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<b>DV</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>HADLEY WARREN</b>	
13 STREET ADDRESS	<b>1625 ARIANA ST # 134</b>	
14 CITY-ST-ZIP	<b>LAKELAND, FL 33803</b>	
21 TITLE	<b>DV</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>RAYMOND SAVARD</b>	
23 STREET ADDRESS	<b>1625 ARIANA ST # 164</b>	
24 CITY-ST-ZIP	<b>LAKELAND, FL 33803</b>	
31 TITLE	<b>DV</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>DOLORES AFILANI</b>	
33 STREET ADDRESS	<b>1625 ARIANA ST # 170</b>	
34 CITY-ST-ZIP	<b>LAKELAND, FL 33803</b>	
41 TITLE	<b>DV</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>HARLAN HUDSON</b>	
43 STREET ADDRESS	<b>1625 ARIANA ST. #167</b>	
44 CITY-ST-ZIP	<b>LAKELAND, FL 33803</b>	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 119.07(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 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: *[Signature]* **RICHARD BEELER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 4, 1996 (941)  
Date Daytime Phone # 686-1548

CR2E037 (12/95)