

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1997 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 33803-1786 US |
|---|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 01/01/1993 | 3a. Date of Last Report 04/09/1996 |
|--|--|

| | |
|---|----------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

| | |
|---|---------------------------------------|
| 4. FEI Number 59-316430 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 checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

~~BEELER, RICHARD
1625 ARIANA ST NO 41
LAKELAND FL 33803~~ **DELETE**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name STANLEY JACKSON |
| 82 Street Address (P.O. Box Number is Not Acceptable) 1625 ARIANA ST. |
| 83 LOT 48 |
| 84 City LAKELAND |
| 85 Zip Code FL 33803 |

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: *Stanley Jackson* **Stanley F. Jackson** **Mar. 18, 1997**

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|--|
| TITLE | DP | <input checked="" type="checkbox"/> DELETE |
| NAME | BAILEY, HAROLD | |
| STREET ADDRESS | 1625 ARIANA ST #118 | |
| CITY-ST-ZIP | LAKELAND FL | |
| TITLE | DV | <input checked="" type="checkbox"/> DELETE |
| NAME | BAILEY, J. H | |
| STREET ADDRESS | 1625 ARIANA ST #44 | |
| CITY-ST-ZIP | LAKELAND FL | |
| TITLE | DV | <input type="checkbox"/> DELETE |
| NAME | DUNBAR, EDWARD | |
| STREET ADDRESS | 1625 ARIANA ST #55 | |
| CITY-ST-ZIP | LAKELAND FL 33803 | |
| TITLE | DT | <input type="checkbox"/> DELETE |
| NAME | KOEPPEN, EILEEN | |
| STREET ADDRESS | 1625 ARIANA ST #137 | |
| CITY-ST-ZIP | LAKELAND FL | |
| TITLE | DV | <input checked="" type="checkbox"/> DELETE |
| NAME | WARREN, HADLEY | |
| STREET ADDRESS | 1625 ARIANA ST, #134 | |
| CITY-ST-ZIP | LAKELAND FL | |
| TITLE | DS | <input checked="" type="checkbox"/> DELETE |
| NAME | BEELER, RICHARD | |
| STREET ADDRESS | 1625 ARIANA ST. #41 | |
| CITY-ST-ZIP | LAKELAND FL 33803 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|----------------------|--|
| 1.1 TITLE | IDP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | OLAF K. COSTELLO | |
| 1.3 STREET ADDRESS | 1625 ARIANA ST. #107 | |
| 1.4 CITY-ST-ZIP | LAKELAND, FL 33803 | |
| 2.1 TITLE | DV | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | PAT MORAN | |
| 2.3 STREET ADDRESS | 1625 ARIANA ST. #151 | |
| 2.4 CITY-ST-ZIP | LAKELAND, FL 33803 | |
| 3.1 TITLE | DS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | STANLEY JACKSON | |
| 3.3 STREET ADDRESS | 1625 ARIANA ST. #48 | |
| 3.4 CITY-ST-ZIP | LAKELAND, FL 33803 | |
| 4.1 TITLE | DNK | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | HARLAN HUDSON | |
| 4.3 STREET ADDRESS | 1625 ARIANA ST #167 | |
| 4.4 CITY-ST-ZIP | LAKELAND, FL 33803 | |
| 5.1 TITLE | DV | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | DOLORES AFILANI | |
| 5.3 STREET ADDRESS | 1625 ARIANA ST #170 | |
| 5.4 CITY-ST-ZIP | LAKELAND, FL 33803 | |
| 6.1 TITLE | DV | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | VICTOR KEVETTE | |
| 6.3 STREET ADDRESS | 1625 ARIANA ST. #110 | |
| 6.4 CITY-ST-ZIP | LAKELAND, FL 33803 | |

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: *Stanley Jackson* **Stanley F. Jackson** **March 18, 1997 (941)686 5009**

SIGNATURE MAY BE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0052662

CR2E037 (9/96)