

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 27 1998 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1998**



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

Mailing Address

1625 ARIANA ST
NO. 217
LAKELAND FL 33803
US

1625 ARIANA ST
NO 217
LAKELAND FL 33803
US

3. Date Incorporated or Qualified

01/01/1993

4. FEI Number

59-3161436

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACKSON, STANLEY
1625 ARIANA ST
LOT 48
LAKELAND FL 33803

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	COSTELLO, OLAF K	
STREET ADDRESS	1625 ARIANA ST 107	
CITY-ST-ZIP	LAKELAND FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MORAN, PAT	
STREET ADDRESS	1625 ARIANA ST 151	
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	DVC	<input type="checkbox"/> DELETE
NAME	AFILANI, DOLORES	
STREET ADDRESS	1625 ARIANA ST 170	
CITY-ST-ZIP	LAKELAND FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	REVETTE, VICTOR	
STREET ADDRESS	1625 ARIANA ST 110	
CITY-ST-ZIP	LAKELAND FL	

1.1 TITLE	SECRETARY DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JACKSON, STANLEY	
1.3 STREET ADDRESS	1625 ARIANA ST. LOT 48	
1.4 CITY-ST-ZIP	LAKELAND, FL 33803	
2.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HUDSON, HARLAN	
2.3 STREET ADDRESS	1625 ARIANA ST. LOT 167	
2.4 CITY-ST-ZIP	LAKELAND, FL 33803	
3.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SUMMERS, RICHARD	
3.3 STREET ADDRESS	1625 ARIANA ST. LOT 135	
3.4 CITY-ST-ZIP	LAKELAND, FL 33803	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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:

Eileen Koepfen EILEEN KOEPPEN DT 3/24/98 941-688-6911

CR2E037 (10/97)