

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90097 049 ****61.25

DOCUMENT # N92000000949

1. Entity 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 33803-1778
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3161436

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACKSON, STANLEY
 1625 ARIANA ST
 LOT 48
 LAKELAND FL 33803

Name **HAROLD M. MYERS, SR.**

Street Address (P.O. Box Number is Not Acceptable)
1625 ARIANA ST. LOT 67

City **LAKELAND,**

FL

Zip Code
33803

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Harold M. Myers, Sr.*
 Signature, typed or printed name of registered agent and title if applicable

HAROLD M. MYERS, SR.
 (NOTE: Registered Agent signature required when reinstating)

1-6-2000
 DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** Delete
 NAME **COSTELLO, OLAF K**
 STREET ADDRESS **1625 ARIANA ST 107**
 CITY-ST-ZIP **LAKELAND FL**

TITLE **PRESIDENT** Change Addition
 NAME **Richard L Venable**
 STREET ADDRESS **1625 ARIANA ST LOT 201**
 CITY-ST-ZIP **Lakeland FL 33803-1766**

TITLE **SD** Delete
 NAME **JACKSON, STANLEY**
 STREET ADDRESS **1625 ARIANA ST LOT 48**
 CITY-ST-ZIP **LAKELAND FL**

TITLE **SD** Change Addition
 NAME **HAROLD M. MYERS, SR.**
 STREET ADDRESS **1625 ARIANA ST. LOT 67**
 CITY-ST-ZIP **LAKELAND, FL. 33803**

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

TITLE **DV** Change Addition
 NAME **Michael TYSON**
 STREET ADDRESS **1625 Ariana lot 161**
 CITY-ST-ZIP **LAKELAND, FL. 33803**

TITLE **DT** Delete
 NAME **KOEPPEN, EILEEN**
 STREET ADDRESS **1625 ARIANA ST #137**
 CITY-ST-ZIP **LAKELAND FL**

TITLE Change Addition
 NAME Change Addition
 STREET ADDRESS Change Addition
 CITY-ST-ZIP Change Addition

TITLE **DVC** Delete
 NAME **AFILANI, DOLORES**
 STREET ADDRESS **1625 ARIANA ST 170**
 CITY-ST-ZIP **LAKELAND FL**

TITLE **DV** Change Addition
 NAME **ALAN H DEVITT, JR**
 STREET ADDRESS **1625 Ariana St #123**
 CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **DV** Delete
 NAME **REVETTE, VICTOR**
 STREET ADDRESS **1625 ARIANA ST 110**
 CITY-ST-ZIP **LAKELAND FL**

TITLE Change Addition
 NAME Change Addition
 STREET ADDRESS Change Addition
 CITY-ST-ZIP Change Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Edison Koeppen*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/06/2000
 Date

863-688-6911
 Daytime Phone #

CR2E037 (9/99)