


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90261 013 ****61.25

DOCUMENT # N92000000949					
1. Entity 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			
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	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
VENABLE, RICHARD L 1625 ARIANA ST LOT 201 LAKELAND, FL 33803		Name STANLEY F. JACKSON			
		Street Address (P.O. Box Number is Not Acceptable) 1625 ARIANA ST			
		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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Stanley F. Jackson, Treasurer</i> <i>Stanley F. Jackson</i> <i>April 15, 2004</i>					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when transferring) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VENABLE, RICHARD L		NAME	RICHARD SUMMERS (D)	
STREET ADDRESS	1625 ARIANA ST LOT 201		STREET ADDRESS	1625 ARIANA ST #135	
CITY-ST-ZIP	LAKELAND, FL 33803		CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARNES, CAROLYN		NAME	STANLEY F. JACKSON (D)	
STREET ADDRESS	1625 ARIANA ST LOT 20		STREET ADDRESS	1625 ARIANA ST. #48	
CITY-ST-ZIP	LAKELAND, FL 33803		CITY-ST-ZIP	LAKELAND, FL. 33803	
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARRIGAN, BETTE		NAME	HENRY SANJOUCI (D)	
STREET ADDRESS	1625 ARIANA ST LOT 49		STREET ADDRESS	1625 ARIANA ST #63	
CITY-ST-ZIP	LAKELAND, FL 33803		CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, CRAIG		NAME	AUDREY ASHDOWN (D)	
STREET ADDRESS	1625 ARIANA ST., #35		STREET ADDRESS	1625 ARIANA ST #198	
CITY-ST-ZIP	LAKELAND, FL 33803		CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AFILANI, DOLORES		NAME		
STREET ADDRESS	1625 ARIANA ST #170		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33803		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 empowers.					
SIGNATURE: <i>Stanley F. Jackson</i> STANLEY F. JACKSON <i>Apr 15, 2004</i> 5009					
Signature and typed or printed name of signing officer or director Date Daytime Phone #					

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04142004 Chg-NP CR2E037 (10/03)

(863) (686) -
 863 686 5009