

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Jul 23, 2003 8:00 am**  
**Secretary of State**

07-23-2003 90061 002 \*\*\*\*70.00

0048739

**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  
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**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MYERS, HAROLD M SR  
1625 ARIANA ST  
LOT 67  
LAKELAND FL 33803**

7. Name and Address of New Registered Agent

Name **RICHARD L. VENABLE**

Street Address (P.O. Box Number is Not Acceptable) **1625 ARIANA ST LOT 201**

City **LAKELAND**      FL **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 *Richard L. Venable*      **Richard L. Venable**      **JULY 21, 2003**

Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>VENABLE, RICHARD L</b>	
STREET ADDRESS	<b>1625 ARIANA ST LOT 201</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33803</b>	
TITLE	<b>DV</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>TYSON, MICHAEL</b>	
STREET ADDRESS	<b>1625 ARIANA ST LOT 161</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33803</b>	
TITLE	<b>DT</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MYERS, HAROLD M SR.</b>	
STREET ADDRESS	<b>1625 ARIANA ST #67</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33803</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, CRAIG</b>	
STREET ADDRESS	<b>1625 ARIANA ST., #35</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33803</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LOCKWOOD, NORMAN</b>	
STREET ADDRESS	<b>1625 ARIANA ST. LOT 187</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33803</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<del>PRESTON</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VENABLE, RICHARD L</b>	
STREET ADDRESS	<b>1625 ARIANA ST LOT 201</b>	
CITY-ST-ZIP	<b>Lakeland FL 33803-1766</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BARNES, CAROLYN</b>	
STREET ADDRESS	<b>1625 ARIANA ST LOT 20</b>	
CITY-ST-ZIP	<b>LAKE LAND, FL 33803</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CARRIGAN, BETTE</b>	
STREET ADDRESS	<b>1625 ARIANA ST LOT 49</b>	
CITY-ST-ZIP	<b>LAKELAND, FL 33803</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>AFILAN, DOLORES</b>	
STREET ADDRESS	<b>1625 ARIANA ST # 170</b>	
CITY-ST-ZIP	<b>LAKELAND, FL 33803</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 empowered.

SIGNATURE: *Richard L. Venable*      **RICHARD L. VENABLE**      **7/21/03**      **863-680-2162**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DATE      PHONE NUMBER

CR2E037 (10/02)