

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004686

FILED  
Apr 20, 2009  
Secretary of State

**Entity Name:** AUBURN LAKES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1162 INDIAN HILLS BLVD  
VENICE, FL 34293

**New Principal Place of Business:**

**Current Mailing Address:**

1162 INDIAN HILLS BLVD  
VENICE, FL 34293

**New Mailing Address:**

**FEI Number:** 65-0896809

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KEYS - CALDWELL INC  
1162 INDIAN HILLS BLVD  
VENICE, FL 34293 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HOSKINS, ALLAN  
Address: 802 AUBURN LAKES CIRCLE  
City-St-Zip: VENICE, FL 34292

Title: TD ( ) Delete  
Name: BURNS, JOHN  
Address: 1703 AUBURN LAKES CIR  
City-St-Zip: VENICE, FL 34292

Title: SD ( ) Delete  
Name: SNYDER, JUDY  
Address: 601 AUBURN LAKES CIR  
City-St-Zip: VENICE, FL 34292

Title: D ( ) Delete  
Name: HAYWARD, KATHLEEN  
Address: 1003 AUBURN LAKES CIRCLE  
City-St-Zip: VENICE, FL 34292

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: HAYWARD, KATHLEEN  
Address: 1003 AUBURN LAKES CIR  
City-St-Zip: VENICE, FL 34292

Title: VPD (X) Change ( ) Addition  
Name: SHEPLER, BARBARA  
Address: 803 AUBURN LAKES CIRCLE  
City-St-Zip: VENICE, FL 34292

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLAN HOSKINS

PD

04/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date