

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000949

Entity Name: HOMEOWNERS' ASSOCIATION OF ARIANA VILLAGE, INC.

Current Principal Place of Business:

1240 ARIANA VILLAGE BLVD
LAKELAND, FL 33803

Current Mailing Address:

1240 ARIANA VILLAGE BLVD
LAKELAND, FL 33803 US

FEI Number: 59-3161436

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ARIANA VILLAGE H.O.A.
1745 POPPY CIRCLE
LAKELAND, FL 33803 US

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: WANDA J. FINKBEINER, PRESIDENT

01/13/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name FINKBEINER, WANDA JOANN
Address 1745 POPPY CIRCLE
City-State-Zip: LAKELAND FL 33803

Title VP
Name THUM, DIANE
Address 1677 POPPY CIRCLE
City-State-Zip: LAKELAND FL 33803

Title SECRETARY
Name KEITH, DIANE
Address 1664 POPPY CIRCLE
City-State-Zip: LAKELAND FL 33803

Title DIRECTOR
Name FINKBEINER, BOB
Address 1745 POPPY CIRCLE
City-State-Zip: LAKELAND FL 33803

Title DIRECTOR
Name THUM, TIM
Address 1677 POPPY CIRCLE
City-State-Zip: LAKELAND FL 33803

Title DIRECTOR
Name MAGRAW, BARBARA
Address 1007 IMPATIENS AVE
City-State-Zip: LAKELAND FL 33803

Title DIRECTOR
Name CAPELAND, MARGIE JOANN
Address 1642 POPPY CIRCLE
City-State-Zip: LAKELAND FL 33803

Title TREASURER
Name GAULKE, ROSIE
Address 1010 IMPATIENS
City-State-Zip: LAKELAND FL 33803

I hereby 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 all other like empowered.

SIGNATURE: WANDA J. FINKBEINER

HOA PRESIDENT

01/13/2021

Electronic Signature of Signing Officer/Director Detail

Date