

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G92679

**FILED**  
**Apr 29, 2020**  
**Secretary of State**  
**1534738669CC**

**Entity Name:** ARIANA SHORES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

116A PARADISE LANE  
AUBURNDALE, FL 33823

**Current Mailing Address:**

116A PARADISE LANE  
AUBURNDALE, FL 33823 US

**FEI Number:** 59-2387985

**Certificate of Status Desired:** No

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

RENEWICK, DARLENE  
139 PARADISE LANE  
AUBURNDALE, FL 33823 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:** DARLENE RENIEWICK

04/29/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            RENIEWICK, DARLENE  
Address        139 PARADISE LANE  
City-State-Zip: AUBURNDALE FL 33823

Title            VP  
Name            MCCORMICK, ROLAND  
Address        108 PARADISE LANE  
City-State-Zip: AUBURNDALE FL 33823

Title            SECRETARY  
Name            JENKINS, CHARLES  
Address        151 HOLIDAY LANE  
City-State-Zip: AUBURNDALE FL 33823

Title            DIRECTOR  
Name            MCFADDEN, TOM  
Address        157 PARADISE LANE  
City-State-Zip: AUBURNDALE FL 33823

Title            TREASURER  
Name            BROWN, THOMAS  
Address        161 PARADISE LANE  
City-State-Zip: AUBURNDALE FL 33823

Title            DIRECTOR  
Name            MINDER, JACK  
Address        133 HOLIDAY LN  
City-State-Zip: AUBURNDALE FL 33823

Title            DIRECTOR  
Name            SHEARER, DAVE  
Address        149 PARADISE LANE.  
City-State-Zip: AUBURNDALE FL 33823

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS BROWN

**TREASURER**

04/29/2020

Electronic Signature of Signing Officer/Director Detail

Date