

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G92679

**FILED**  
**Mar 21, 2017**  
**Secretary of State**  
**CC1121485221**

**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:**

REAKER, JOHN A  
130 HOLIDAY LN  
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:** JOHN A REAKER

03/21/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            REAKER, JOHN A  
Address        130 HOLIDAY LN  
City-State-Zip: AUBURNDALE FL 33823

Title            VP  
Name            PHILLIPS, EUNICE  
Address        128 HOLIDAY LANE  
City-State-Zip: AUBURNDALE FL 33823

Title            SECRETARY  
Name            JENKINS, CHARLES  
Address        138 PARADISE LN  
City-State-Zip: AUBURNDALE FL 33823

Title            DIRECTOR  
Name            HOLZMAN, RONALD  
Address        173 PARADISE LN  
City-State-Zip: AUBURNDALE FL 33823

Title            TREASURER  
Name            REAKER, DARLENE  
Address        121 PARADISE LN  
City-State-Zip: AUBURNDALE FL 33823

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

Title            DIRECTOR  
Name            BROWN, DAVID  
Address        144 HOLIDAY LN  
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:** DARLENE REAKER

**TREASURER**

03/21/2017

Electronic Signature of Signing Officer/Director Detail

Date