

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G92679

**FILED**  
**Mar 19, 2014**  
**Secretary of State**  
**CC0040130932**

**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:**

VOLLWERTH, LINDA A  
127 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            VOLLWERTH, LINDA A  
Address        127 HOLIDAY LN  
City-State-Zip: AUBURNDALE FL 33823

Title            VP  
Name            PRUETT, LYNN  
Address        148 PARADISE LN  
City-State-Zip: AUBURNDALE FL 33823

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

Title            DIRECTOR  
Name            COOK, ROBERT SR.  
Address        140 HOLIDAY LN  
City-State-Zip: AUBURNDALE FL 33823

Title            TREASURER  
Name            WELSH, MICHAEL  
Address        133 PARADISE LN  
City-State-Zip: AUBURNDALE FL 33823

Title            DIRECTOR  
Name            BROWN, DAVID  
Address        144 HOLIDAY LN  
City-State-Zip: AUBURNDALE FL 33823

Title            DIRECTOR  
Name            MCCULLEY, JOHN  
Address        122 PARADISE 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:** LINDA A. VOLLWERTH

**PRESIDENT**

**03/19/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date