#### 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G92679

Entity Name: ARIANA SHORES HOMEOWNERS ASSSOCIATION, INC.

**FILED** Mar 19, 2015 **Secretary of State** CC0647069049

## **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:

COCHRAN, MARY E 160 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: MARY E COCHRAN 03/19/2015

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title **PRESIDENT** Title VΡ

COCHRAN, MARY E Name PRUETT, LYNN Name 160 HOLIDAY LN Address 148 PARADISE LN Address

City-State-Zip: AUBURNDALE FL 33823 AUBURNDALE FL 33823 City-State-Zip:

Title DIRECTOR Title **SECRETARY** 

Name RENIEWICK, DARLENE Name BROWN, BARBARA Address 139 PARADISE LN Address 161 PARADISE LN

AUBURNDALE FL 33823 City-State-Zip: City-State-Zip: AUBURNDALE FL 33823

Title DIRECTOR Title **TREASURER** 

Name DEASE, WINDLE Name REAKER. DARLENE Address 115 HOLIDAY LN Address 121 PARADISE LN

City-State-Zip: AUBURNDALE FL 33823 City-State-Zip: AUBURNDALE FL 33823

Title DIRECTOR REAKER, JOHN Name 130 HOLIDAY LN Address

AUBURNDALE FL 33823 City-State-Zip:

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.

03/19/2015 SIGNATURE: MARY E COCHRAN **PRESIDENT**