

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 FEB -9 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 758369

(3)

1. Corporation Name

ARBOR TRAILS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

17 GLEN ARBOR PARK
ORMOND BEACH FL 32174

Mailing Address

17 GLEN ARBOR PARK
ORMOND BEACH FL 32174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1981

3a. Date of Last Report

02/21/1994

4. FEI Number

59-2140685

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAJORE, FRANK J.
3030 STANFORD AVE.
DAYTONA BCH. FL 32118

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

500001403005

83

-02/10/95--01045--006

84 City

****130.00 ****130.00

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME MCCORMICK, DORIS
STREET ADDRESS 16 LAKEWOOD PARK
CITY - ST - ZIP ORMOND BEACH FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE PD
NAME SWEENEY, DEAN
STREET ADDRESS 14 LAKEWOOD PARK
CITY - ST - ZIP ORMOND BEACH FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE D
NAME PUCKETT, STEPHEN
STREET ADDRESS 15 GLEN ARBOR PARK
CITY - ST - ZIP ORMOND BEACH FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE VD
NAME DAVIDSON, MARY
STREET ADDRESS 12 LAKEWOOD PARK
CITY - ST - ZIP ORMOND BEACH FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE SD
NAME KATZ, STEPHANIE
STREET ADDRESS 1 GLEN ARBOR PARK
CITY - ST - ZIP ORMOND BEACH FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE VD
NAME MAYNARD, JAMES
STREET ADDRESS 8 GLEN ARBOR PARK
CITY - ST - ZIP ORMOND BEACH FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(h), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEAN SWEENEY, PRESIDENT

1-22-95

Date

924-642-6695

Telephone (Area)