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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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



3. Date Incorporated or Qualified

05/20/1981

3a. Date of Last Report

02/09/1995

4. FEI Number

59-2140685

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box, etc.)

83 City

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☒ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☒ DELETE

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

TITLE ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

NAME SD  
MC CORMICK, DORIS  
STREET ADDRESS 16 LAKEWOOD PARK  
CITY-ST-ZIP ORMOND BEACH FL

21 TITLE ☐ Change ☒ Addition

NAME VD  
GRUNDE R, GRANT  
STREET ADDRESS 1 LAKEWOOD PARK  
CITY-ST-ZIP ORMOND BEACH, FL

31 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE ☒ Change ☐ Addition

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

51 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE ☒ Change ☐ Addition

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

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 19.07(3)(k), 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-96

904-673-3803

Date

Daytime Phone