

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **758369** (3)  
1. Corporation Name  
**ARBOR TRAILS HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>17 GLEN ARBOR PARK ORMOND BEACH FL 32174</b>	Mailing Address <b>17 GLEN ARBOR PARK ORMOND BEACH FL 32174-5170</b>
--	---

3. Date incorporated or Qualified <b>05/20/1981</b>	3a. Date of Last Report <b>02/28/1996</b>
--	--

2. Principal Place of Business <b>21 Ormond Beach, FL</b>	2a. Mailing Address <b>26 17 Glen Arbor Park</b>	4. FEI Number <b>59-2140685</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
City & State <b>23 Ormond Beach, FL 32174</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip <b>24 32174</b>	Country <b>25</b>	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 <b>MAJORE, FRANK J.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>13 Lakewood Park</b>
83
84 City <b>Ormond Beach, FL</b>
85 Zip Code <b>32174</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MCCORMICK, DORIS</b>		1.2 NAME <b>MCCORMICK, DORIS</b>	
STREET ADDRESS <b>16 LAKEWOOD PARK</b>		1.3 STREET ADDRESS <b>16 LAKEWOOD PARK</b>	
CITY-ST-ZIP <b>ORMOND BEACH FL</b>		1.4 CITY-ST-ZIP <b>ORMOND BEACH, FL 32174</b>	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GRUNDER, GRANT</b>		2.2 NAME <b>GRUNDER, GRANT</b>	
STREET ADDRESS <b>1 LAKEWOOD PARK</b>		2.3 STREET ADDRESS <b>1211 Jeffery</b>	
CITY-ST-ZIP <b>ORMOND BEACH FL</b>		2.4 CITY-ST-ZIP <b>Port Orange, FL 32119</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PUCKETT, STEPHEN</b>		3.2 NAME	
STREET ADDRESS <b>15 GLEN ARBOR PARK</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>ORMOND BEACH FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DAVIDSON, MARY</b>		4.2 NAME	
STREET ADDRESS <b>12 LAKEWOOD PARK</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>ORMOND BEACH FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MAYNARD, JAMES</b>		5.2 NAME <b>MATISSE, JEANNE</b>	
STREET ADDRESS <b>8 GLEN ARBOR PARK</b>		5.3 STREET ADDRESS <b>10 LAKEWOOD PARK</b>	
CITY-ST-ZIP <b>ORMOND BEACH FL</b>		5.4 CITY-ST-ZIP <b>ORMOND BEACH, FL 32174</b>	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME <b>ROBERTSON, BILLY F.</b>	
STREET ADDRESS		6.3 STREET ADDRESS <b>28 RIO PINAR TRAIL</b>	
CITY-ST-ZIP		6.4 CITY-ST-ZIP <b>ORMOND BEACH, FL 32174</b>	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Billy F. Robertson* **Billy F. Robertson** 1/25/97 (904) 672-3946  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0003322

CR2E037 (9/96)