2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State
02-08-2000 90139 007 ****61.25

DOCUMENT # 758369

1. Entity Name

ARBOR TRAILS HOMEOWNERS' ASSOCIATION, INC.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2140685 ☐ Applied For ☐ Not Applic.

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MAJORE, FRANK J.
13 LAKEWOOD PARK
ORMOND BCH FL 32174

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. 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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MCCORMICK, DORIS 16 LAKEWOOD PARK ORMOND BEACH FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABBOTT-HART, WENDY 4 LAKEWOOD PARK DR ORMOND BEACH FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ABBOTT-HART, WENDY 4 LAKEWOOD PARK DR. ORMOND BEACH, FL 32174	☒ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PUCKETT, STEPHEN 15 GLEN ARBOR PARK DRIVE ORMOND BEACH FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PUCKETT, STEPHEN 15 GLEN ARBOR PARK DR. ORMOND BEACH, FL 32174	☒ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD STEINWEHR, RON 15 LAKEWOOD PARK DR ORMOND BEACH FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEINWEHR, RON 15 LAKEWOOD PARK DR. ORMOND BEACH, FL 32174	☒ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROBERTSON, BILLY 28 RIO PINAR TRAIL ORMOND BCH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PAMELA HUNT 120 RIVER LANE ORMOND BEACH, FL 32176	☐ Change ☒ Add

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGN Doris McCormick DORIS MCCORMICK 1-30-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #