## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Mar 19, 2004 8:00 am **DOCUMENT # 758369 Secretary of State** 1. Entity Name 03-19-2004 90070 008 \*\*\*\*70.00 ARBOR TRAILS HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 17 GLEN ARBOR PARK 17 GLEN ARBOR PARK ORMOND BEACH FL 32174 ORMOND BEACH FL 32174 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-2140685 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Ronald O. CirPen, Zr., Street Address (P.O. Box Number is Not Acceptable) PAMELA, HONT S 120 RIVER LANE **ORMOND BEACH FL 32176** 2335-A So. Endewood Ave. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be $\Box$ Trust Fund Contribution. Due By May 1, 2004 Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE つべつ Daniel Dragore MCCORMICK, DORIS NAME NAME 16 LAKEWOOD PARK STREET ADDRESS STREET ADDRESS ORMOND BEACH FL 32174 C/#'-ST-ZIP CITY-ST-ZIP omand ۷Ď TITLE Delete TITLE ☐ Change Addition ABBOTT-HART, WENDY NAME NAME schlossberg 4 LAKEWOOD PARK DR STREE! ADDRESS STREET ADDRESS LOIN. HOW ORMOND BEACH FL 32174 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition PUCKETT, STEPHEN NAME NAME s. eidenbood Ave 15 GLEN ARBOR PARK DRIVE STREET ADDRESS STREET ADDRESS ORMOND BEACH FL 32174 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition LANDAU, MAX NAME NAME 2 LAKEWOOD PARK DR STREET ADDRESS STREET ADDRESS ORMOND BEACH FL 32174 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HUNT, PAMELA NAME NAME 120 RIVER LN STREET ADDRESS STREET ADDRESS ORMOND BEACH FL 32176 CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 of trustee epipowered 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.

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