2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758369

1. Entity Name



FILED Mar 19, 2003 8:00 am Secretary of State

03-19-2003 90122 006 ****70.00

ARBOR T	TRAILS HOMEOWNERS' ASSO	OCIATION, INC.					
Principal Place 17 GLEN ARB ORMOND BEA		Mailing Address 17 GLEN ARBOR PARK ORMOND BEACH FL 32174					
		.					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			HECK HERE IF MAKING	CHANGES	
City & State		City & State		4. FEI Number 59	-2140685	<u> </u>	plied For t Applicable
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired	\$8.75 Add	litional
	6. Name and Address of Current	Registered Agent	<u> </u>	7. Name and Addr	ess of New Registered		
	HUNT		Nāme			- ·	
PAMELA, HONT S 120 RIVER LANE			Street Address		ot Acceptable)		
	D BEACH FL 32176						
 			City		FL	Zip Code	
8. The above	named entity submits this statement fo	r the purpose of changing its re	 egistered office or red	gistered agent, or both, in t		amiliar with.	and accept
the obligat	tions of registered agent.						
				,			ł
. SIGNATURE .							
•	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registered Agent signature re	required when reinstating)	DATE		
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signature re	required when reinstating)	DATE		
1	Signature, typed or printed name of registered agent. FILE NOW: FEE IS \$61.25	and title if applicable. (NOTE: F 9. Election Camp Trust Fund Cor	paign Financing	\$5.00 May Be	Make Check Florida Depart		
10.		9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Make Check	tment of S	itate
	FILE NOW: FEE IS \$61.25 OFFICERS AND DIF	9. Election Camp Trust Fund Co	eaign Financing htribution.	\$5.00 May Be Added to Fees	Make Check Florida Depart	tment of S	itate
10. TITLE NAME	FILE NOW: FEE IS \$61.25 OFFICERS AND DIF DT MCCORMICK, DORIS	9. Election Camp Trust Fund Co	paign Financing ntribution.	\$5.00 May Be Added to Fees	Make Check Florida Depart	tment of S	itate
10. TITLE NAME STREET ADDRESS	FILE NOW: FEE IS \$61.25 OFFICERS AND DIF DT MCCORMICK, DORIS 16 LAKEWOOD PARK	9. Election Camp Trust Fund Co	naign Financing ntribution.	\$5.00 May Be Added to Fees	Make Check Florida Depart	tment of S	itate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF OFFICERS AND DIF DT MCCORMICK, DORIS 16 LAKEWOOD PARK ORMOND BEACH FL 32174	9. Election Camp Trust Fund Con RECTORS	paign Financing ntribution. 11. TITLE NAME	\$5.00 May Be Added to Fees	Make Check Florida Depart	RECTORS IN	itate
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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: