

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 771162 (5)
1. Corporation Name
ARBOR OAKS PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
6824 ARBOR OAKS CIRCLE
BRADENTON FL 34209

Mailing Address
6824 ARBOR OAKS CIRCLE
BRADENTON FL 34209

3. Date Incorporated or Qualified
11/09/1983

3a. Date of Last Report
04/19/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2698928	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

BROWN, BRIGITTA
6809 ARBOR OAKS
BRADENTON FL 34209

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	JS	<input type="checkbox"/> DELETE
NAME	EMERY, SUSAN	
STREET ADDRESS	6906 ARBOR OAKS COURT	
CITY-ST-ZIP	BRADENTON FL	
TITLE	THOMAS, JOHN	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, JOHN	
STREET ADDRESS	6800 ARBOR OAKS CIR.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	RUMBERGER, JESSE	<input checked="" type="checkbox"/> DELETE
NAME	RUMBERGER, JESSE	
STREET ADDRESS	6800 ARBOR OAKS CIRCLE	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BROWN, BRIGITTA	
STREET ADDRESS	6809 ARBOR OAKS DRIVE	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	KEZAR, ROGER	<input type="checkbox"/> DELETE
NAME	KEZAR, ROGER	
STREET ADDRESS	6822 ARBOR OAKS DRIVE	
CITY-ST-ZIP	BRADENTON FL	
TITLE	LEWIS, FULTON	<input checked="" type="checkbox"/> DELETE
NAME	LEWIS, FULTON	
STREET ADDRESS	6814 ARBOR OAKS CIR.	
CITY-ST-ZIP	BRADENTON FL 34209	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ELIZABETH TROUTMAN	
1.3 STREET ADDRESS	6915 ARBOR OAKS CT.	
1.4 CITY-ST-ZIP	BRADENTON FL. 34209	
2.1 TITLE	O.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROBYN LAU	
2.3 STREET ADDRESS	6910 ARBOR OAKS CT.	
2.4 CITY-ST-ZIP	BRADENTON, FL. 34209	
3.1 TITLE	OS.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROB MORAN	
3.3 STREET ADDRESS	6904 ARBOR OAKS CIR.	
3.4 CITY-ST-ZIP	BRADENTON, FL. 34209	
4.1 TITLE	O.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ANDY O'DELL	
4.3 STREET ADDRESS	6821 ARBOR OAKS DR	
4.4 CITY-ST-ZIP	BRADENTON, FL. 34209	
5.1 TITLE	O.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	WILLIAM PRICE	
5.3 STREET ADDRESS	6906 ARBOR OAKS CIR	
5.4 CITY-ST-ZIP	BRADENTON, FL. 34209	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 119.07(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 as changed, or on an attachment with an address.

SIGNATURE:

Brigitta Brown (BRIGITTA BROWN) 4-1-96 941-792-8955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)