


FILE NOW: FILING FEE IS \$61.25

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Apr 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **771162** (5)  
1. Corporation Name  
**ARBOR OAKS PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business <b>6824 ARBOR OAKS CIRCLE BRADENTON FL 34209</b>	Mailing Address <b>6824 ARBOR OAKS CIRCLE BRADENTON FL 34209</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>11/09/1983</b>	4. FEI Number <b>59-2698928</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>BROWN, BRIGITTA 6809 ARBOR OAKS BRADENTON FL 34209</b>
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<b>P</b>
NAME	<b>SIMONS, PAUL</b>	1.2 NAME	<b>WIKOFF, ANN</b>
STREET ADDRESS	<b>6803 ARBOR OAKS DR</b>	1.3 STREET ADDRESS	<b>6803 ARBOR OAKS DR.</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>	1.4 CITY-ST-ZIP	<b>BRADENTON, FL</b>
TITLE	<b>V</b>	2.1 TITLE	<b>V</b>
NAME	<b>FUTCH, LARRY</b>	2.2 NAME	<b>G SCHWEND, JAMEI</b>
STREET ADDRESS	<b>6804 ARBOR OAKS CIR</b>	2.3 STREET ADDRESS	<b>6803 ARBOR OAKS CIR</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>	2.4 CITY-ST-ZIP	<b>BRADENTON, FL</b>
TITLE	<b>CS</b>	3.1 TITLE	<b>S/D</b>
NAME	<b>PRESTON, ROBERT</b>	3.2 NAME	<b>ROAN, PATRICIA</b>
STREET ADDRESS	<b>6823 ARBOR OAKS CIRCLE</b>	3.3 STREET ADDRESS	<b>6811 ARBOR OAKS DR</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>	3.4 CITY-ST-ZIP	<b>BRADENTON, FL</b>
TITLE	<b>TD</b>	4.1 TITLE	<b>T/D</b>
NAME	<b>BROWN, BRIGITTA</b>	4.2 NAME	<b>EMERY, ROBERT</b>
STREET ADDRESS	<b>6809 ARBOR OAKS DRIVE</b>	4.3 STREET ADDRESS	<b>6906 ARBOR OAKS CT</b>
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>	4.4 CITY-ST-ZIP	<b>BRADENTON, FL</b>
TITLE	<b>D</b>	5.1 TITLE	<b>D</b>
NAME	<b>MORAN, ROB</b>	5.2 NAME	<b>ANDERSON, NORMAN</b>
STREET ADDRESS	<b>6804 ARBOR OAKS CIRCLE</b>	5.3 STREET ADDRESS	<b>6823 ARBOR OAKS DR.</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>	5.4 CITY-ST-ZIP	<b>BRADENTON, FL</b>
TITLE	<b>RS</b>	6.1 TITLE	<b>D</b>
NAME	<b>PRICE, WILLIAM</b>	6.2 NAME	<b>HORNBERGER, JOHN</b>
STREET ADDRESS	<b>6808 ARBOR OAKS CIRCLE</b>	6.3 STREET ADDRESS	<b>6912 ARBOR OAKS CT</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>	6.4 CITY-ST-ZIP	<b>BRADENTON, FL</b>

1.1 TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>WIKOFF, ANN</b>	
1.3 STREET ADDRESS	<b>6803 ARBOR OAKS DR.</b>	
1.4 CITY-ST-ZIP	<b>BRADENTON, FL</b>	
2.1 TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>G SCHWEND, JAMEI</b>	
2.3 STREET ADDRESS	<b>6803 ARBOR OAKS CIR</b>	
2.4 CITY-ST-ZIP	<b>BRADENTON, FL</b>	
3.1 TITLE	<b>S/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>ROAN, PATRICIA</b>	
3.3 STREET ADDRESS	<b>6811 ARBOR OAKS DR</b>	
3.4 CITY-ST-ZIP	<b>BRADENTON, FL</b>	
4.1 TITLE	<b>T/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>EMERY, ROBERT</b>	
4.3 STREET ADDRESS	<b>6906 ARBOR OAKS CT</b>	
4.4 CITY-ST-ZIP	<b>BRADENTON, FL</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>ANDERSON, NORMAN</b>	
5.3 STREET ADDRESS	<b>6823 ARBOR OAKS DR.</b>	
5.4 CITY-ST-ZIP	<b>BRADENTON, FL</b>	
6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>HORNBERGER, JOHN</b>	
6.3 STREET ADDRESS	<b>6912 ARBOR OAKS CT</b>	
6.4 CITY-ST-ZIP	<b>BRADENTON, FL</b>	

14. 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 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: **Robert C. Emery Jr.** **ROBERT C. EMERY JR** 4-21-98 941-792-1790

CR2E037 (10/97)