

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 771162**

1. Entity 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 34209-7430**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DORMAN, WILLIAM  
6824 ARBOR OAKS CIRCLE  
BRADENTON FL 34209**

Name

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

**6903 Arbor Oaks Circle**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>GSCHWEND, JAMES</b>	
STREET ADDRESS	<b>903 ARBOR OAKS CR</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>VDT</b>	<input type="checkbox"/> Delete
NAME	<b>EDDY, BRYON</b>	
STREET ADDRESS	<b>6820 ARBOR OAKS CR</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>ROGER, MARCIA</b>	
STREET ADDRESS	<b>6817 ARBOR OAKS DR</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>BM</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SCANNELL, WALLACE</b>	
STREET ADDRESS	<b>6939 ARBOR OAKS CR</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>	

TITLE	<b>BM</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Donald Bowron</b>	
STREET ADDRESS	<b>6702 Arbor Oaks Drive</b>	
CITY-ST-ZIP	<b>Bradenton, FL 34209</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LONG, JOHN</b>	
STREET ADDRESS	<b>6815 ARBOR OAKS DR</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MORAN, BEA</b>	
STREET ADDRESS	<b>6904 ARBOR OAKS CR</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>	

TITLE	<b>BM</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jackie Shoemate</b>	
STREET ADDRESS	<b>6908 Arbor Oaks Court</b>	
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 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:

**James Gschwend, Treasurer**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-906 941-795-1249****FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90052 020 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2698928**

Applied For

Not Applicable

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

CR2E037 (9/99)