

# 2001 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

~~BORMAN, WILLIAM~~  
~~6803 ARBOR OAKS CIRCLE~~  
~~BRADENTON FL 34209~~

7. Name and Address of New Registered Agent

Name

Jack Shoemaker

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

6908 Arbor Oaks Court

Bradenton, Florida 34209

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

*Jack Shoemaker*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-6-01

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

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | T                     | <input type="checkbox"/> Delete            |
| NAME           | GSCHWEND, JAMES       |  |
| STREET ADDRESS | 903 ARBOR OAKS CR     |  |
| CITY-ST-ZIP    | BRADENTON FL 34209    |  |
| TITLE          | VDT                   | <input type="checkbox"/> Delete            |
| NAME           | EDDY, BRYON           |  |
| STREET ADDRESS | 6820 ARBOR OAKS CR    |  |
| CITY-ST-ZIP    | BRADENTON FL 34209    |  |
| TITLE          | ST                    | <input type="checkbox"/> Delete            |
| NAME           | ROGER, MARCIA         |  |
| STREET ADDRESS | 6817 ARBOR OAKS DR    |  |
| CITY-ST-ZIP    | BRADENTON FL 34209    |  |
| TITLE          | BM                    | <input type="checkbox"/> Delete            |
| NAME           | BOWRON, DONALD        |  |
| STREET ADDRESS | 6702 ARBOR OAKS DR    |  |
| CITY-ST-ZIP    | BRADENTON FL 34209    |  |
| TITLE          | D                     | <input checked="" type="checkbox"/> Delete |
| NAME           | LONG, JOHN            |  |
| STREET ADDRESS | 6815 ARBOR OAKS DR    |  |
| CITY-ST-ZIP    | BRADENTON FL 34209    |  |
| TITLE          | BN                    | <input checked="" type="checkbox"/> Delete |
| NAME           | SHOEMAKE, JACKIE      |  |
| STREET ADDRESS | 6908 ARBOR OAKS COURT |  |
| CITY-ST-ZIP    | BRADENTON FL 34209    |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Mario Gil                |  |
| STREET ADDRESS | 6921 Arbor Oaks Court    |  |
| CITY-ST-ZIP    | Bradenton, Florida 34209 |  |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| 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: *JACK SHOEMAKE PRESIDENT*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 12, 2001 8:00 am  
Secretary of State

03-12-2001 90484 002 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)