

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90040 044 \*\*\*\*61.25

**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**

**50000881**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02252008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-2698928**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KIBBE, JOANNA L  
6809 ARBOR OAKS CIR  
BRADENTON, FL 34209**

Name - **Bill laney**  
Street Address (P.O. Box Number is Not Acceptable)  
**6920 ARBOR Oaks Court**  
City **Bradenton,** FL **34209**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DT** ☐ Delete  
NAME **GSCHWEND, JAMES**  
STREET ADDRESS **6903 ARBOR OAKS CIR**  
CITY-ST-ZIP **BRADENTON, FL 34209**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DS** ☐ Delete  
NAME **ROGER, MARCIA**  
STREET ADDRESS **6817 ARBOR OAKS DRIVE**  
CITY-ST-ZIP **BRADENTON, FL 34209**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DV** ☒ Delete  
NAME **LANEY, BILL**  
STREET ADDRESS **6920 ARBOR OAKS CT**  
CITY-ST-ZIP **BRADENTON, FL 34209**

TITLE ☐ Change ☒ Addition  
NAME **D. Stella Adent**  
STREET ADDRESS **6907 Arbor Oaks Cr.**  
CITY-ST-ZIP **Bradenton, Fl. 34209**

TITLE **D** ☒ Delete  
NAME **O'DELL, TAMMY**  
STREET ADDRESS **6821 ARBOR OAKS DRIVE**  
CITY-ST-ZIP **BRADENTON, FL 34209**

TITLE ☐ Change ☒ Addition  
NAME **D Sue Chapin**  
STREET ADDRESS **6907 Arbor Oaks Ct.**  
CITY-ST-ZIP **Bradenton, Fl. 34209**

TITLE **D** ☐ Delete  
NAME **RUMBERGER, JESSE**  
STREET ADDRESS **6906 ARBOR OAKS CIRCLE**  
CITY-ST-ZIP **BRADENTON, FL 34209**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **CHAPIN, SUE**  
STREET ADDRESS **6907 ARBOR OAKS CT**  
CITY-ST-ZIP **BRADENTON, FL 34209**

TITLE ☐ Change ☒ Addition  
NAME **D Charles Brown**  
STREET ADDRESS **6818 Arbor Oaks Cr.**  
CITY-ST-ZIP **Bradenton, Fl.**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *William B Laney*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #