


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 02, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90259 035 \*\*\*\*61.25

<b>DOCUMENT #</b> N02000007104	
<b>1. Entity Name</b> ARBOR THICKET HOMEOWNERS ASSOCIATION, INC.	

<b>Principal Place of Business</b> 7355 RICHARDSON RD. SARASOTA FL 34240	<b>Mailing Address</b> 7355 RICHARDSON RD. SARASOTA FL 34240
--	--

**55045616**

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



☐ CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b> 81-0573016	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  TOPE, EDWIN G 7355 RICHARDSON RD. SARASOTA FL 34240	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept the obligations of registered agent.

<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	<b>DATE</b>
--	-------------

<b>FILE NOW: FEE IS \$61.25</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
---------------------------------	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> PTD	<b>NAME</b> TOPE, EDWIN G <b>STREET ADDRESS</b> 7355 RICHARDSON RD. <b>CITY-ST-ZIP</b> SARASOTA FL 34240	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> VSD	<b>NAME</b> TOPE, RENEE <b>STREET ADDRESS</b> 7355 RICHARDSON RD. <b>CITY-ST-ZIP</b> SARASOTA FL 34240	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> OFFICER	<b>NAME</b> Jeffrey Barrett <b>STREET ADDRESS</b> 1110 Nogales Bend <b>CITY-ST-ZIP</b> Richmond, TX 77469	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** SIGNATURE REQUIRED **DATE:** 6/24/03 **DAYTIME PHONE:** (941) 371-7070

CR2E037 (10/02)