

FILE NOW: FILING FEE IS \$61.25

FILED

May 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000005967 (4)

1. Corporation Name  
VOA ARBOR APARTMENTS, INC.



Principal Place of Business Mailing Address  
402 REO ST TAMPA FL 33609 402 REO ST TAMPA FL 33609-1058

3. Date incorporated or Qualified 12/06/1994 3a. Date of Last Report 04/04/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 72-1283222 Applied For Not Applicable  
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc  
22 City & State 27 City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required  
23 Zip 28 Zip Country 29 Zip Country 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
24 25 29 30 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent  
FRAZIER, S KATHERINE  
101 E KENNEDY BLVD  
TAMPA FL 33602

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include PD SPEARMAN, KATHRYN E; VD RATCLIFF, MARGARET; SD RUYLE, JAMES.

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include C/D Jim Ruyle; VC/S/D Michael Morina; T/D Katie Vath; P/D Kathryn E. Spearman.

14. I do 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: \_\_\_\_\_ DATE: 4/28/97

CR2E037 (9/96)