




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

FILED
Jun 03, 2003 8:00 am
Secretary of State

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05-05-2003 90888 001 ***245.00

DOCUMENT # N94000005967					
1. Entity Name VOA ARBOR APARTMENTS, INC.					
Principal Place of Business 1915 131ST AVE STE 116 TAMPA FL 33612		Mailing Address 605 SOUTH BLVD. TAMPA FL 33606			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 72-1283222	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRAZIER, S KATHERINE 101 E KENNEDY BLVD TAMPA FL 33602			7. Name and Address of New Registered Agent		
			Name JENNEWEIN,--JONATHAN- P.		
			Street Address (P.O. Box Number is Not Acceptable) 101 E. KENNEDY BLVD.		
			City TAMPA FL Zip Code 33606		
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 			DATE 4/29/03		
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. <input type="checkbox"/>		\$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	CD	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKIPPER, JESSIE L		NAME	SWINDELL, MERLYN	
STREET ADDRESS	402 REO ST SUITE 105		STREET ADDRESS	605 SOUTH BOULEVARD	
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	CHAIRMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EBERHART, CATHY		NAME	EBERHART, CATHY	
STREET ADDRESS	402 N REO ST., STE. 105		STREET ADDRESS	605 SOUTH BOULEVARD	
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPEARMAN, KETHRYN E		NAME	SPEARMAN, KATHRYN E.	
STREET ADDRESS	402 E. REO ST., STE. 105		STREET ADDRESS	605 SOUTH BOULEVARD	
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP	TAMPA, FL 33606	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(f), 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: 			DATE: 4/30/03		DAYTIME PHONE #: 813 282-1525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		DAYTIME PHONE #

CR2E037 (10/02)