

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N21903** (2)
1. Corporation Name
ARBOR RIDGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
493 ARBOR RIDGE LANE
TITUSVILLE FL 32780
P. O. BOX 5802
TITUSVILLE FL 32783
US

3. Date Incorporated or Qualified 08/05/1987	3a. Date of Last Report 03/17/1995
4. FEI Number 59-2780079	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

SOCKS, ROBERT L.
493 ARBOR RIDGE LANE
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

[Signature]

ROBERT L. SOCKS, President

3/8/86

Signature of officer or printed name of registered agent and state if acceptable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	VP <input type="checkbox"/> DELETE
NAME	MILLER, HAL
STREET ADDRESS	457 ARBOR RIDGE LANE
CITY-ST-ZIP	TITUSVILLE FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	SPRINGER, MURIEL
STREET ADDRESS	455 ARBOR RIDGE LANE
CITY-ST-ZIP	TITUSVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	DECKER, ROSEMARY
STREET ADDRESS	486 ARBOR RIDGE LANE
CITY-ST-ZIP	TITUSVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ASHWORTH, CONNIE
STREET ADDRESS	476 LN DAVEY LANE
CITY-ST-ZIP	TITUSVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SIECK, BRUCE
STREET ADDRESS	452 LN DAVEY LANE
CITY-ST-ZIP	TITUSVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	S CAROL SODER SUSTAK
2.3 STREET ADDRESS	485 ARBOR RIDGE LN
2.4 CITY-ST-ZIP	Titusville, FL 32780
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert L. Socks

3/8/86

Date

407-267-7070

Daytime Phone #

CR2E037 (12/95)