

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 # N41145 (6)

1. Corporation Name

ARBOR GLEN AT TUSCAWILLA HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

2180 W. SR 434 SUITE 5000
LONGWOOD FL 32779

Mailing Address

2180 W. SR 434 SUITE 5000
LONGWOOD FL 32779



3. Date Incorporated or Qualified
12/10/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3034018

Applied For
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**HART, JR. J W.
SENTRY MANAGEMENT, INC.
2180 W SR 434, SUITE 5000
LONGWOOD FL 32779**

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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME PEEL, TOM
STREET ADDRESS 1141 ARBOR GLEN CIR
CITY-ST-ZIP WINTER SPRINGS FL ☒ DELETE

TITLE VD
NAME VON WERBER, JOY
STREET ADDRESS 1139 ARBOR GLEN CIR
CITY-ST-ZIP WINTER SPRINGS FL ☒ DELETE

TITLE STD
NAME SLIDER, DONNA
STREET ADDRESS 1114 ARBOR GLEN CIR.
CITY-ST-ZIP WINTER SPRINGS FL ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME LONG, REBECCA
1.3 STREET ADDRESS 1114 ARBOR GLEN CIR
1.4 CITY-ST-ZIP WINTER SPRINGS FL 32708 ☐ Change ☒ Addition

2.1 TITLE VD
2.2 NAME MOREO, GLEN
2.3 STREET ADDRESS 1138 ARBOR GLEN CIR
2.4 CITY-ST-ZIP WINTER SPRINGS FL 32708 ☐ Change ☒ Addition

3.1 TITLE STD
3.2 NAME SHULICH, MITCHELL
3.3 STREET ADDRESS 1111 ARBOR GLEN CIR
3.4 CITY-ST-ZIP WINTER SPRINGS FL 32708 ☐ Change ☒ Addition

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 if changed, or on an attachment with an address.

SIGNATURE:

Rebecca Long
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
REBECCA LONG

4-26-96

Date

Daytime Phone #

CR2E037 (12/95)