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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21903

1. Corporation Name

ARBOR RIDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

493 ARBOR RIDGE LANE
TITUSVILLE FL 32780

Mailing Address

P. O. BOX 5802
TITUSVILLE FL 32783
US



2. Principal Place of Business

21 Suite, Apt. #, etc.
22 **457 ARBOR RIDGE LN**

23 **TITUSVILLE, FL**

24 **32780** 25 **USA**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country
29 **32780** 30 **USA**

3. Date Incorporated or Qualified

08/05/1987

4. FEI Number

59-2780079

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

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 **BERTELS, DALE E**
82 Street Address (P.O. Box Number is Not Acceptable)
457 ARBOR RIDGE LANE
83
84 City **TITUSVILLE** FL 85 Zip Code **32780**

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 then applicable.

(NOTE: Registered Agent signature required when reinstating)

DALE BERTELS
6 JAN 1999

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BERTELS, DALE	
STREET ADDRESS	457 ARBOR RIDGE LANE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PEACOCK, MIKE	
STREET ADDRESS	485 ARBOR RIDGE LN	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DECKER, ROSEMARY	
STREET ADDRESS	486 ARBOR RIDGE LANE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VANETTA, DOROTHY	
STREET ADDRESS	477 ARBOR RIDGE LN	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VOELPEL, STEVE	
STREET ADDRESS	459 ARBOR RIDGE LN	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RENDINA, TRACY	
STREET ADDRESS	461 ARBOR RIDGE LN	
CITY-ST-ZIP	TITUSVILLE FL 32780	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VANETTA, DOROTHY	
1.3 STREET ADDRESS	477 ARBOR RIDGE LN	
1.4 CITY-ST-ZIP	TITUSVILLE, FL 32780	
2.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DALE BERTELS	
2.3 STREET ADDRESS	457 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	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SOCKS, ROBERT	
4.3 STREET ADDRESS	493 ARBOR RIDGE LN	
4.4 CITY-ST-ZIP	TITUSVILLE, FL 32780	
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	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	PAULEY, JOE	
6.3 STREET ADDRESS	479 ARBOR RIDGE LN	
6.4 CITY-ST-ZIP	TITUSVILLE, FL 32780	

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DALE BERTELS

6 JAN 1999 407-269-5264

Date

Daytime Phone #

CR2E037 (1/198)