

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21903

1. Entity Name

ARBOR RIDGE HOMEOWNERS ASSOCIATION, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90126 014 ****61.25

Principal Place of Business

Mailing Address

457 ARBOR RIDGE LN
TITUSVILLE FL 32780

P. O. BOX 5802
TITUSVILLE FL 32783-5802
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

457 ARBOR RIDGE LN

Suite, Apt. #, etc.

City & State

TITUSVILLE FL

City & State

4. FEI Number

59-2780079

Applied For

Not Applied For

Zip

32780

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERTELS, DALE E
457 ARBOR RIDGE LANE
TITUSVILLE FL 32780

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10 JAN 2000

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	VANETTA, DOROTHY	
STREET ADDRESS	477 ARBOR RIDGE LANE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	P	<input type="checkbox"/> Delete
NAME	BERTELS, DALE	
STREET ADDRESS	457 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	S	<input type="checkbox"/> Delete
NAME	PEACOCK, MIKE	
STREET ADDRESS	485 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 type="checkbox"/> Delete
NAME	SOCKS, ROBERT	
STREET ADDRESS	493 ARBOR RIDGE LN	
CITY-ST-ZIP	TITUSVILLE FL 32780	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PALLEY, JOSEPH	
STREET ADDRESS	479 ARBOR RIDGE LN	
CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(i), 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 JAN 2000 321-269-5264

Date

Daytime Phone #