

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21903

1. Entity Name

ARBOR RIDGE HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90094 044 \*\*\*\*61.25

Principal Place of Business

Mailing Address

479 ARBOR RIDGE LANE  
TITUSVILLE FL 32780

P. O. BOX 5802  
TITUSVILLE FL 32783  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2780079

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PALLAY, JOSEPH P  
479 ARBOR RIDGE LANE  
TITUSVILLE FL 32780

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete  
NAME PALLAY, JOSEPH P  
STREET ADDRESS 479 ARBOR RIDGE LANE  
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE Director ☒ Change ☒ Addition  
NAME JERRY LEHMAN  
STREET ADDRESS 473 DAVEY LANE  
CITY-ST-ZIP TITUSVILLE, FL 32780

TITLE VP ☐ Delete  
NAME BERTELLS, DALE  
STREET ADDRESS 457 ARBOR RIDGE LN  
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE Director ☒ Change ☒ Addition  
NAME LINDA LEHMAN  
STREET ADDRESS 473 DAVEY LANE  
CITY-ST-ZIP TITUSVILLE, FL 32780

TITLE T ☐ Delete  
NAME DECKER, ROSEMARY  
STREET ADDRESS 486 ARBOR RIDGE LANE  
CITY-ST-ZIP TITUSVILLE FL

TITLE ELIZABETH MOON ☒ Change ☒ Addition  
NAME ELIZABETH MOON  
STREET ADDRESS 474 DAVEY LANE  
CITY-ST-ZIP TITUSVILLE, FL 32780

TITLE S ☐ Delete  
NAME PEACOCK, MIKE  
STREET ADDRESS 485 ARBOR RIDGE LN  
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE Director ☒ Change ☒ Addition  
NAME PAT MITCHELL  
STREET ADDRESS 483 ARBOR RIDGE LANE  
CITY-ST-ZIP TITUSVILLE, FL 32780

TITLE D ☐ Delete  
NAME VOELPEL, STEVE  
STREET ADDRESS 459 ARBOR RIDGE LN  
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SOCKS, ROBERT  
STREET ADDRESS 493 ARBOR RIDGE LN  
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE ☐ Change ☐ 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:

Joseph P. Pallay

8 Apr 02

321-494-5709

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)