2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

03-23-2005 90029 041 ****61.25
N21903

FILED
05 APR 11 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N21903

1. Entity Name

ARBOR RIDGE HOMEOWNERS ASSOCIATION, INC.

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

1st MOORE CR2E037 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2780079 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PALLAY, JOSEPH P
479 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. I am familiar with, and accept the obligations of registered agent.

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 Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PALLAY, JOSEPH P 479 ARBOR RIDGE LANE TITUSVILLE FL 32780	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director MOON, BETH 474 DAVEY LANE Titusville, FL 32780	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BERTELLS, DALE 457 ARBOR RIDGE LN TITUSVILLE FL 32780	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director McGUINN, PATRICK 456 DAVEY LANE Titusville, FL 32780	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DECKER, ROSEMARY 486 ARBOR RIDGE LANE TITUSVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director MITCHELL, PATRICA 483 ARBOR RIDGE LANE Titusville, FL 32780	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PEACOCK, MIKE 485 ARBOR RIDGE LN TITUSVILLE FL 32780	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director LINDSEY, JAMES W. 506 ARBOR RIDGE LANE Titusville, FL. 32780	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GIBBONS, LUCILLE 454 L.M. DAVEY LANE TITUSVILLE FL 32780	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SOCKS, ROBERT 493 ARBOR RIDGE LN TITUSVLLE FL 32780	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 March 14, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #