

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005551

Entity Name: THE ARBORS HOMEOWNERS ASSOCIATION OF BREVARD COUNTY, INC.**Current Principal Place of Business:**7827 N. WICKHAM RD., STE. D
MELBOURNE, FL 32940**Current Mailing Address:**7827 N. WICKHAM RD., STE. D
MELBOURNE, FL 32940 US**FEI Number:** 20-4587861**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ARIAS BOSINGER, PLLC
845 E. NEW HAVEN AVE.
MELBOURNE, FL 32901 US*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:** CARLOS R ARIAS

02/16/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name WILMARTH, COLE
Address 7827 N. WICKHAM RD., STE. D
City-State-Zip: MELBOURNE FL 32940

Title VP, DIRECTOR
Name REDNER, DENNIS
Address 7827 N. WICKHAM RD., STE. D
City-State-Zip: MELBOURNE FL 32940

Title SECRETARY, DIRECTOR
Name HARRIS RIVERO, JODI
Address 7827 N. WICKHAM RD., STE. D
City-State-Zip: MELBOURNE FL 32940

Title DIRECTOR
Name JARRETT, SHIRLEY
Address 7827 N. WICKHAM RD., STE. D
City-State-Zip: MELBOURNE FL 32940

Title TREASURER, DIRECTOR
Name BOLLINGER, CHRISTOPHER
Address 7827 N. WICKHAM RD., STE. D
City-State-Zip: MELBOURNE FL 32940

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: COLE WILMARTH

PRESIDENT

02/16/2023

Electronic Signature of Signing Officer/Director Detail

Date