# 2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N10000006361

Entity Name: THE ARBOR SCHOOL OF CENTRAL FLORIDA, INC.

FILED
Sep 22, 2014
Secretary of State
CC0201939185

#### **Current Principal Place of Business:**

1010 SPRING VILLAS POINTE WINTER SPRINGS, FL 32708

## **Current Mailing Address:**

1010 SPRING VILLAS POINTE WINTER SPRINGS, FL 32708

FEI Number: 27-3092011 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

DEAN, GEOFFREY B SUNTRUST BANK 200 SOUTH ORANGE AVENUE MAILCODE: FL-ORLANDO 1044 ORLANDO, FL 32801 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: GEOFFREY B. DEAN 09/22/2014

Electronic Signature of Registered Agent

Date

### Officer/Director Detail:

Title D Title D

Name BLAIR, WENDY Name OSBORN, SANDRA

Address 3853 WHITEWOOD COURT Address 118 NORTH MOORE ROAD

City-State-Zip: OVIEDO FL 32766 City-State-Zip: CASSELBERRY FL 32707

 Title
 DIRECTOR/TREASURER
 Title
 DIRECTOR/PRESIDENT

 Name
 ALLEN, GAIL "ABBY"
 Name
 DEAN, GEOFFREY B

Address 1010 SPRING VILLAS POINTE Address SUNTRUST BANK
200 SOUTH ORANGE AVENUE
City-State-Zip: WINTER SPRINGS FL 32708 MAILCODE: FL-ORLANDO 1044

City-State-Zip: ORLANDO FL 32801

Title DIRECTOR

Name MAROULIS, NICK DR.

Address 1010 SPRING VILLAS POINTE City-State-Zip: WINTER SPRINGS FL 32708

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: GEOFFREY B. DEAN PRESIDENT 09/22/2014