

**2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N10000006361

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

Current Principal Place of Business:

3929 RED BUG LAKE RD
CASSELBERRY, FL 32707

Current Mailing Address:

3929 RED BUG LAKE RD
CASSELBERRY, FL 32707 US

FEI Number: 27-3092011

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COX BLAIR, WENDY A
3929 RED BUG LAKE RD
CASSELBERRY, FL 32707 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: WENDY COX BLAIR

09/23/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name BLAIR, WENDY
Address 5634 CATSKILL CT
City-State-Zip: WINTER SPRINGS FL 32708

Title DIRECTOR
Name MAROULIS, NICK DR.
Address 1010 SPRING VILLAS POINTE
City-State-Zip: WINTER SPRINGS FL 32708

Title DIRECTOR
Name PEFFEN, MICHELLE
Address 1010 SPRING VILLAS POINTE
City-State-Zip: WINTER SPRINGS FL 32708

Title DIRECTOR/TREASURER
Name POPCHOCK, RON
Address 1010 SPRING VILLAS POINTE
City-State-Zip: WINTER SPRINGS FL 32708

Title DIRECTOR
Name HORENIAN, LESLIE
Address 1010 SPRING VILLAS POINTE
City-State-Zip: WINTER SPRINGS FL 32708

Title DIRECTOR
Name STAFFORD, ROBIE
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: WENDY BLAIR

EXECUTIVE DIRECTOR

09/23/2019

Electronic Signature of Signing Officer/Director Detail

Date