

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000001394

FILED
Apr 27, 2016
Secretary of State
CC6037760717

Entity Name: ARBOR PLACE CONDOMINIUM PHASE I ASSOCIATION, INC.

Current Principal Place of Business:

1007 PATHFINDER WAY
ROCKLEDGE, FL 32955

Current Mailing Address:

590 SOLUTIONS WAY
STE. 100
ROCKLEDGE, FL 32955

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SELIG, MICHAEL W
200 WILLARD STREET
COCOA, FL 32922 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: W. MICHAEL SELIG

04/27/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name HADDOW, JOSEPH W
Address 590 SOLUTIONS WAY
 SUITE 100
City-State-Zip: ROCKLEDGE FL 32955

Title VP
Name SELIG, W MICHAEL
Address 200 WILLARD STREET
City-State-Zip: COCOA FL 32922

Title SECRETARY, TREASURER
Name TORRES, CARLOS M
Address 1007 PATHFINDER WAY
 SUITE 130
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name 2-1-1 BREVARD, INC.
Address P.O. BOX 561627
City-State-Zip: ROCKLEDGE FL 32956-1627

Title DIRECTOR
Name CT PEDIATRICS PA
Address 1007 PATHFINDER WAY
 SUITE 130
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name MURRELL DEVELOPMENT GROUP,
 INC.
Address 590 SOLUTIONS WAY
 SUITE 100
City-State-Zip: ROCKLEDGE FL 32955

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: W. MICHAEL SELIG

REGISTERED AGENT

04/27/2016

Electronic Signature of Signing Officer/Director Detail

Date