

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000009431

**Entity Name:** ARBOR CHASE PROPERTY OWNERS ASSOCIATION, INC.

**FILED**  
**Jan 12, 2023**  
**Secretary of State**  
**9801660035CC**

**Current Principal Place of Business:**

1170 CELEBRATION BLVD.  
SUITE 202  
CELEBRATION, FL 34747

**Current Mailing Address:**

1170 CELEBRATION BLVD.  
SUITE 202  
CELEBRATION, FL 34747 US

**FEI Number: 47-2804713**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ACCESS MANAGEMENT  
1170 CELEBRATION BLVD.  
SUITE 202  
CELEBRATION, FL 34747 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: CATHY BRAND**

**01/12/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name LESTER, KENDRA  
Address 1170 CELEBRATION BLVD.  
SUITE 202  
City-State-Zip: CELEBRATION FL 34747

Title VPD  
Name MCILROY, LESLIE  
Address 1170 CELEBRATION BLVD.  
SUITE 202  
City-State-Zip: CELEBRATION FL 34747

Title TREASURER/SECRETARY, DIRECTOR  
Name GRUBBS, SARAH  
Address 1170 CELEBRATION BLVD.  
SUITE 202  
City-State-Zip: CELEBRATION FL 34747

*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: KENDRA LESTER**

**PRESIDENT**

**01/12/2023**

Electronic Signature of Signing Officer/Director Detail

Date