#### **2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21903

Entity Name: ARBOR RIDGE HOMEOWNERS ASSOCIATION, INC.

FILED
Jan 07, 2020
Secretary of State
4147430541CC

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

459 ARBOR RIDGE LANE TITUSVILLE, FL 32780

### **Current Mailing Address:**

459 ARBOR RIDGE LANE TITUSVILLE, FL 32780 US

FEI Number: 59-2780079 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

PERLMAN, RICHARD 459 ARBOR RIDGE LANE TITUSVILLE, FL 32780 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: RICHARD PERLMAN 01/07/2020

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

	Title	PRESIDENT	Title	VΡ
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Name PERLMAN, RICHARD Name DEWITT, BOB

Address 459 ARBOR RIDGE LN Address 515 ARBOR RIDGE LANE
City-State-Zip: TITUSVILLE FL 32780 City-State-Zip: TITUSVILLE FL 32780

TitleTREASURERTitleSECRETARYNameCALLON, CHRISTINANamePALLAY, JOSEPH

Address 486 LM DAVEY LANE Address 479 ARBOR RIDGE LANE
City-State-Zip: TITUSVILLE FL 32780 City-State-Zip: TITUSVILLE FL 32780

Title DIRECTOR Title DIRECTOR

NameSCHNEIDER, ROBERTNameJERRY, THOVSONAddress481 LM DAVEY LANEAddress501 LM DAVEY LANECity-State-Zip:TITUSVILLE FL 32780City-State-Zip:TITUSVILLE FL 32780

Title DIRECTOR Title DIRECTOR

NameBOLTON, JAMESNameCALLON, NELSONAddress507 LM DAVEYAddress486 LM DAVEY LANECity-State-Zip:TITUSVILLE FL 32780City-State-Zip:TITUSVILLE FL 32780

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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: RICHARD PERLMAN PRESIDENT 01/07/2020

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR
Name DEWITT, JOYCE

Address 515 ARBOR RIDGE LANE
City-State-Zip: TITUSVILLE FL 32780