

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21903

Entity Name: ARBOR RIDGE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**493 ARBOR RIDGE LANE
TITUSVILLE, FL 32780**Current Mailing Address:**P O BOX 5802
TITUSVILLE, FL 32780 US**FEI Number:** 59-2780079**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SOCKS, ROBERT LPRES.
493 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRES
Name	SOCKS, ROBERT L
Address	493 ARBOR RIDGE LANE
City-State-Zip:	TITUSVILLE FL 32780

Title	V P
Name	HANSON, JOANN
Address	478 L.M. DAVEY LANE
City-State-Zip:	TITUSVILLE FL 32780

Title	SEC
Name	KUNTZ, DONNA
Address	521 ARBOR RIDGE LANE
City-State-Zip:	TITUSVILLE FL 32780

Title	T
Name	MOON, BETH
Address	474 L.M. DAVEY LANE
City-State-Zip:	TITUSVILLE FL 32780

Title	BRD
Name	GRONVALL, KRISTEN
Address	497 ARBOR RIDGE LANE
City-State-Zip:	TITUSVILLE FL 32780

Title	BRD
Name	TURNER, PATRICIA
Address	518 ARBOR RIDGE LANE
City-State-Zip:	TITUSVILLE FL 32780

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: ROBERT L. SOCKS**PRESIDENT****02/22/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date