

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21903

**Entity Name:** ARBOR RIDGE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**465 LM DAVEY LANE  
TITUSVILLE, FL 32780**Current Mailing Address:**465 LM DAVEY LANE  
TITUSVILLE, FL 32780 US**FEI Number:** 59-2780079**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KLEMM, RUSSELL E ESQ.  
C/O CLAYTON & MCCULLOH, P.A.  
1065 MAITLAND CENTER COMMONS BLVD.  
MAITLAND, FL 32751 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:** RUSSELL E. KLEMM

01/18/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            THOVSON, GEARLD  
Address        501 L. M. DAVEY LN  
City-State-Zip: TITUSVILLE FL 32780

Title            V P  
Name            BECK, PATRICIA  
Address        518 ARBOR RIDGE LANE  
City-State-Zip: TITUSVILLE FL 32780

Title            TREASURER  
Name            PALLAY, JOSEPH  
Address        479 ARBOR RIDGE LANE  
City-State-Zip: TITUSVILLE FL 32780

Title            SECRETARY  
Name            PALLAY, JOSEPH  
Address        479 ARBOR RIDGE LANE  
City-State-Zip: TITUSVILLE FL 32780

Title            DIRECTOR  
Name            BLACKWELL, WILLIAM  
Address        524 ARBOR RIDGE LANE  
City-State-Zip: TITUSVILLE FL 32780

Title            DIRECTOR  
Name            TURNER, PATRICIA  
Address        516 ARBOR RIDGE LANE  
City-State-Zip: TITUSVILLE FL 32780

Title            DIRECTOR  
Name            TURNER, RICHARD  
Address        516 ARBOR RIDGE LANE  
City-State-Zip: TITUSVILLE FL 32780

Title            DIRECTOR  
Name            DUPREE, STEPHEN  
Address        468 L. M. DAVEY LANE  
City-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:** JOSEPH P. PALLAY

TREASURER/SEC

01/18/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                   DIRECTOR  
Name                 CHAMBERS, MARIE  
Address             504 ARBOR RIDGE LANE  
City-State-Zip:   TITUSVILLE FL 32780

Title                   DIRECTOR  
Name                 WILLIAMS, RON  
Address             507 ARBOR RIDGE LANE  
City-State-Zip:   TITUSVILLE FL 32780