

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21903

Entity Name: ARBOR RIDGE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**474 L M DAVEY LN
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:**MOON, BETH
474 L M DAVEY LN
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:** BETH MOON

01/05/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name MOON, BETH
Address 474 L M DAVEY LN
City-State-Zip: TITUSVILLE FL 32780

Title V P
Name FABER, BOB
Address 488 L M DAVEY LN
City-State-Zip: TITUSVILLE FL 32780

Title SEC
Name BECK, PATTI
Address 518 ARBOR RIDGE LANE
City-State-Zip: TITUSVILLE FL 32780

Title T
Name BLACKWELL, MARIAN S
Address 524 ARBOR RIDGE LN
City-State-Zip: TITUSVILLE FL 32780

Title BRD
Name MOORE, JIM
Address 505 ARBOR RIDGE LN.
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: MARIAN BLACKWELL**TREASURER**

01/05/2016

Electronic Signature of Signing Officer/Director Detail

Date