

2023 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

01/10/2023

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 FLEMING, ANN
Address 489 LM DAVEY LANE
City-State-Zip: TITUSVILLE FL 32780

Title DIRECTOR
Name LEE, GARY
Address 4967 BOG HOLLOW ROAD
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/SECRETARY 01/10/2023

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