

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21903

Entity Name: ARBOR RIDGE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**465 L M 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:**PERLMAN, RICHARD
465 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:** RICHARD PERLMAN

01/11/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name PERLMAN, RICHARD
Address 459 ARBOR RIDGE LN
City-State-Zip: TITUSVILLE FL 32780

Title V P
Name CALLON, NELSON
Address 486 L M DAVEY LN
City-State-Zip: TITUSVILLE FL 32780

Title TREASURER
Name DEWITT, JOYCE
Address 515 ARBOR RIDGE LANE
City-State-Zip: TITUSVILLE FL 32780

Title DIRECTOR
Name CALLON, CHRISTINA
Address 486 LM DAVEY LANE
City-State-Zip: TITUSVILLE FL 32780

Title DIRECTOR
Name DEWITT, BOB
Address 515 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 SCHNEIDER, ROBERT
Address 481 LM DAVEY LANE
City-State-Zip: TITUSVILLE FL 32780

Title DIRECTOR
Name TURNER, RICHARD
Address 516 ARBOR RIDGE 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: RICHARD PERLMAN

PRESIDENT

01/11/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	BOLTON, JAMES
Address	507 LM DAVEY
City-State-Zip:	TITUSVILLE FL 32780