

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005967

Entity Name: VOA ARBOR APARTMENTS, INC.

Current Principal Place of Business:

1915 131ST AVE STE 116
TAMPA, FL 33612

Current Mailing Address:

405 CENTRAL AVE STE 100
ST PETERSBURG, FL 33701 US

FEI Number: 72-1283222

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JENNEWEIN, JONATHAN P
101 E KENNEDY BLVD
TAMPA, FL 33602 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 PCEO
Name STRINGFELLOW, JANET M
Address 405 CENTRAL AVE STE 100
City-State-Zip: ST PETERSBURG FL 33701

Title T
Name SHEPHERDSON, EDWIN A.
Address 405 CENTRAL AVE STE 100
City-State-Zip: ST PETERSBURG FL 33701

Title SECRETARY
Name ATKINS, ROBERT E
Address 405 CENTRAL AVE STE 100
City-State-Zip: ST PETERSBURG FL 33701

Title CHAIRMAN
Name HOUSSIAN, DAVID
Address 405 CENTRAL AVE STE 100
City-State-Zip: ST PETERSBURG FL 33701

Title VC
Name BUENO, ALEX
Address 405 CENTRAL AVE STE 100
City-State-Zip: ST PETERSBURG FL 33701

Title DIRECTOR
Name TOWATER, SUSIE
Address 405 CENTRAL AVE STE 100
City-State-Zip: ST PETERSBURG FL 33701

Title DIRECTOR
Name ANDERSON, KRISTIN
Address 405 CENTRAL AVE STE 100
City-State-Zip: ST PETERSBURG FL 33701

Title DIRECTOR
Name GUTIERREZ, HELEN
Address 405 CENTRAL AVE STE 100
City-State-Zip: ST PETERSBURG FL 33701

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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: JANET M STRINGFELLOW

PRESIDENT/CEO

02/16/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HARVEY, MAURICE
Address 405 CENTRAL AVE STE 100
City-State-Zip: ST PETERSBURG FL 33701

Title DIRECTOR
Name TABANO, STEPHEN
Address 405 CENTRAL AVE STE 100
City-State-Zip: ST PETERSBURG FL 33701

Title DIRECTOR
Name TUTWILER, ALLISON
Address 405 CENTRAL AVE STE 100
City-State-Zip: ST PETERSBURG FL 33701

Title DIRECTOR
Name KENNEDY-RUYLE, S. ELAINE
Address 405 CENTRAL AVE STE 100
City-State-Zip: ST PETERSBURG FL 33701

Title DIRECTOR
Name BAKER, MARTHA
Address 405 CENTRAL AVE STE 100
City-State-Zip: ST PETERSBURG FL 33701