

FILE NOW: FILING FEE IS \$61.25

*NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 753015 (7)

1. Corporation Name

ARBORWOOD HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

21929 HIGH PINE TRAIL
BOCA RATON FL 33428
US

Mailing Address

21929 HIGH PINE TRAIL
BOCA RATON FL 33428
US

3. Date Incorporated or Qualified
06/19/1980

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 21965 High Pine Trail

2a. Mailing Address

26 21857 High Pine Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Boca Raton, FL

24 Zip

33428

Country

25 USA

27 City & State

28 Boca Raton, FL

Zip

33428

Country

30 USA

4. FEI Number
59-2044489

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

RANDO, ELIZABETH
21929 HIGH PINE TRAIL
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name Judith Knapp
82 Street Address (P.O. Box Number is Not Acceptable)
21965 High Pine Trail
83
84 City Boca Raton FL 85 Zip Code 33428

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Judith Knapp

Judith Knapp, Sec.

3/5/96

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when changing office)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME RANDO, ELIZABETH
STREET ADDRESS 21929 HIGH PINE TRAIL
CITY-ST-ZIP BOCA RATON FL

DELETE ☐

TITLE SD
NAME KNAPP, JUDITH
STREET ADDRESS 21965 HIGH PINE TRAIL
CITY-ST-ZIP BOCA RATON FL

DELETE ☐

TITLE TD
NAME UELTZEN, BEVERLY
STREET ADDRESS 21857 HIGH PINE TRAIL
CITY-ST-ZIP BOCA RATON FL

DELETE ☐

TITLE VD
NAME DIAZ, BARBARA
STREET ADDRESS 21911 HOLLY TREE WAY
CITY-ST-ZIP BOCA RATON FL

DELETE ☐

TITLE VD
NAME CANNAVA, GARY
STREET ADDRESS 21947 HOLLY TREE WAY
CITY-ST-ZIP BOCA RATON FL

DELETE ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE ☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P/D
12 NAME Barbara J. Diaz
13 STREET ADDRESS 21911 Holly Tree Way
14 CITY-ST-ZIP Boca Raton, FL 33428

Change ☒ Addition ☐

Change ☐ Addition ☐

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

Change ☐ Addition ☐

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

Change ☐ Addition ☐

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

Change ☒ Addition ☐

51 TITLE V/D
52 NAME Richard Hilinski
53 STREET ADDRESS 21748 High Pine Trail
54 CITY-ST-ZIP Boca Raton, FL 33428

Change ☐ Addition ☐

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

Change ☐ Addition ☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Beverly Ueltzen

3/5/96 407-852-4190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (12/95)