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Feb 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
21965 HIGH PINE TRAIL BOCA RATON FL 33428 US	21857 HIGH PINE TRAIL BOCA RATON FL 33428-3049 US

3. Date Incorporated or Qualified: 06/19/1980
3a. Date of Last Report: 03/11/1996

2. Principal Place of Business — 21 — 21856 High Pine Trail
Suite, Apt. #, etc. — 22
City & State — 23 — Boca Raton, FL
Zip — 24 — 33428
Country — 25 — USA.

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29
Country — 30

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

KNAPP, JUDITH
21965 HIGH PINE TRAIL
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name: Victoria D. Corcoran
82 Street Address (P.O. Box Number is Not Acceptable): 21856 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: Victoria D. Corcoran — Victoria D. Corcoran, Sec. — DATE: 2/4/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BARBARA, J. DIAZ		1.2 NAME		
STREET ADDRESS	21911 HOLLY TREE WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	KNAPP, JUDITH		2.2 NAME	Victoria D. Corcoran	
STREET ADDRESS	21965 HIGH PINE TRAIL		2.3 STREET ADDRESS	21856 High Pine Trail	
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	Boca Raton, FL 33428	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	UELTZEN, BEVERLY		3.2 NAME		
STREET ADDRESS	21857 HIGH PINE TRAIL		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DIAZ, BARBARA		4.2 NAME		
STREET ADDRESS	21911 HOLLY TREE WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HILINSKI, RICHARD		5.2 NAME		
STREET ADDRESS	21748 HIGH PINE TRAIL		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 A. Ueltzen — BEVERLY A. UELTZEN — 2/4/97 — 561-852-4490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0041779