

FILE NOW: FILING FEE IS \$61.25

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Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **753015** (7)
1. Corporation Name
ARBORWOOD HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 21856 HIGH PINE TRAIL BOCA RATON FL 33428 US	Mailing Address 21857 HIGH PINE TRAIL BOCA RATON FL 33428 US
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3. Date Incorporated or Qualified 06/19/1980	
4. FEI Number 59-2044489	Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent CORCORAN, VICTORIA D. 21856 HIGH PINE TRAIL BOCA RATON FL 33428	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	BARBARA, J. DIAZ	1.2 NAME	MICHAEL MC DONALD
STREET ADDRESS	21911 HOLLY TREE WAY	1.3 STREET ADDRESS	21838 HIGH PINE TRAIL
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	SD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CORCORAN, VICTORIA D.	2.2 NAME	
STREET ADDRESS	21856 HIGH PINES TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	UELTSZEN, 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	Christopher FARNHAM
STREET ADDRESS	21911 HOLLY TREE WAY	4.3 STREET ADDRESS	21821 High Pine Trail
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	VD ☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	HILINSKI, RICHARD	5.2 NAME	GARY CANNAVA
STREET ADDRESS	21748 HIGH PINE TRAIL	5.3 STREET ADDRESS	21947 Holly Tree Way
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	BOCA RATON, FL 33428
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	

14. I 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 Ueltzen* **BEVERLY UELTSZEN** **561-852-4190**
3/9/98

CR2E037 (10/97)