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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 753015

1. Corporation Name
ARBORWOOD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
21856 HIGH PINE TRAIL BOCA RATON FL 33428 US	21857 HIGH PINE TRAIL BOCA RATON FL 33428 US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

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

3. Date Incorporated or Qualifed
06/19/1980

4. FEI Number
59-2044489
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

CORCORAN, VICTORIA D.
21856 HIGH PINE TRAIL
BOCA RATON FL 33428

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 _____ DATE
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	MCDONALD, MICHAEL		1.2 NAME		
STREET ADDRESS	21838 HIGH PINE TR		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33428		1.4 CITY-ST-ZIP		
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	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	VD	☒ Change ☐ Addition
NAME	FARNHAM, CHRISTOPHER		4. 2 NAME	RICHARD VAN GULICK	
STREET ADDRESS	21821 HIGH PINE TR		4.3 STREET ADDRESS	21964 Holly Tree Way	
CITY-ST-ZIP	BOCA RATON FL 33428		4.4 CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CANNAVA, GARY		5.2 NAME		
STREET ADDRESS	21947 HOLLY TREE WY		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33428		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		

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, with all other like empowered.

SIGNATURE: Beverly Ueltzen SIGNATURE REQUIRED 3/23/99 561-852-4190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
BEVERLY UELTZEN, TREAS.

CR2E037 (11/98)