## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **753015** Mar 13, 2000 8:00 am 1. Entity Name **Secretary of State** ARBORWOOD HOMEOWNERS ASSOCIATION, INC. 03-13-2000 90011 027 \*\*\*\*61.25 Principal Place of Business Mailing Address 21857 HIGH PINE TRAIL 21856 HIGH PINE TRAIL **BOCA RATON FL 33428-3049 BOCA RATON FL 33428** 2. Principal Place of Business 21928 SATI 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc City & State Applied For City & State 4. FEI Number 59-2044489 3 DCA Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent e OMAS Box Number is Not Acceptable) CORCORAN, VICTORIA D. 21856 HIGH PINE TRAIL **BOCA RATON FL 33428** Zip Code 8. 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 FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE ☐ Delete TITLE NAME NAME MCDONALD. MICHAEL STREET ADDRESS STREET ADDRESS 21838 HIGH PINE TR CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33428** ☐ Addition **C**hange ☐ Delete TITLE Thomas, Faye 21928 SATIN WOOD DR. NAME CORCORAN, VICTORIA D. NAME STREET ADDRESS STREET ADDRESS 21856 HIGH PINES TRAIL CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** TITLE TD Delete TITLE Change Addition NAME **UELTZEN, BEVERLY** NAME STREET ADDRESS STREET ADDRESS 21857 HIGH PINE TRAIL CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Delete TITLE Change ☐ Addition VAN GULICK, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 21964 HOLLY TREE WAY CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33428** Delete TITLE Change ☐ Addition TITI F CANNAVA, GARY NAME NAME STREET ADDRESS STREET ADDRESS 21947 HOLLY TREE WY CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33428** TITLE Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered