

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90213 008 ****61.25

DOCUMENT # 765670

1. Entity Name
ARBOR OAKS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**31 OAKWOOD PARK
ORMOND BEACH, FL 32174-5156**

Mailing Address
**31 OAKWOOD PARK
ORMOND BEACH, FL 32174-5156**

50014093



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03022006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-2542531

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NORTHSHORE MANAGEMENT GROUP
533 N. NOVA ROAD, SUITE 211-B
ORMOND BEACH, FL 32174**

Name **Sheryl Teresa Faris**
Street Address (P.O. Box Number is Not Acceptable)
40 North Shore mgmt Group
533 N. Nova Road, Suite 211
City **Ormond Beach** FL **32174**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Sheryl Teresa Faris
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-10-06

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
PAGAN, LAURA
10 OAKWOOD PARK
ORMOND BEACH, FL 32174 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MCBRIDE, CHERYL
19 OAKWOOD PARK
ORMOND BEACH, FL 32174 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEVERING, ROSE
42 ORCHARD LANE
ORMOND BEACH, FL 32176 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Jennifer Fuller
8 Oakwood Park
Ormond Beach FL 32174 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
Judith Mullin
9 Oakwood Park
Ormond Beach FL 32174 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Andrew Wilbert
23 Oakwood Park
Ormond Beach FL 32174 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: Judith Mullin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-06 386.677.3109
Date Daytime Phone #