

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 28 PM 3:43

DOCUMENT # H10554

(4)

1. Corporation Name

ARBORS MANAGEMENT & REALTY, INC.

Principal Place of Business

**1700 McMULLEN BOOTH RD STE C3
CLEARWATER FL 34619**

Mailing Address

**1700 McMULLEN BOOTH RD STE C3
CLEARWATER FL 34619**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/12/1984

3a. Date of Last Report

02/22/1994

4. FEI Number

59-2426352

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HICKS, JOYCE M
C/O SEABOARD ARBORS MGMT SERVICE, INC
1700 McMULLEN BOOTH RD STE C-3
CLEARWATER FL 34619**

81 Name

HOELLE, CHRIS D.

82 Street Address (P.O. Box Number is Not Acceptable)

C/O SEABOARD ARBORS MANAGEMENT SERVICES

83

1700 McMULLEN BOOTH ROAD, SUITE C3

84

CLEARWATER

FL

85

**Zip Code
34619**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Chris D. Hoelle

2/23/95

Signature typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
1	WARD, JACOB B.	3388 WAYNE AVE	BRONX NY
2	DOMBER, MATTHEW J.	6181 PALM DEL MAR RD#128	ST.PETERSBURG FL
3	MC GEE, BARRY	3488 AVOCADO DR	LARGO FL
4			
5			
6			
7			
8			

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY- ST- ZIP	Change	Addition
2.1 TITLE <td>2.2 NAME</td> <td>2.3 STREET ADDRESS</td> <td>2.4 CITY- ST- ZIP</td> <td>☐</td> <td>☐</td>	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY- ST- ZIP	☐	☐
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY- ST- ZIP	☐	☐
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY- ST- ZIP	☐	☐
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY- ST- ZIP	☐	☐
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY- ST- ZIP	☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

2/23/95

813 726-7494

Matthew J. Domber, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #