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FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90070 034 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # H10554

1. Corporation Name

ARBORS MANAGEMENT & REALTY, INC.

Principal Place of Business

~~1700 MCMULLEN BOOTH RD STE C3~~
~~CLEARWATER FL 34619~~
2189 CLEVELAND STREET #225
CLEARWATER, FL 33765

Mailing Address

~~1700 MCMULLEN BOOTH RD STE C3~~
~~CLEARWATER FL 34619~~
4 SAME AS

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/12/1984

4. FEI Number

59-2426352

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

HOELLE, CHRIS D
C/O SEABOARD ARBORS MANAGEMENT SERVICES
~~1700 MCMULLEN BOOTH ROAD, STE C3~~
~~CLEARWATER FL 34619~~
SAME AS ABOVE

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
WARD, JACOB B.
3388 WAYNE AVE
BRONX NY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
DOMBER, MATTHEW J.
6181 PALM DEL MAR BD#128
ST.PETERSBURG FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MILAVETZ-BITTNER, LINDA
725 SAN CHRISTOPHER
DUEDIN FL 34698

☒ 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
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
JEFFREY O. THOMPSON
2430 13TH AVE S.W.
LARGO FL 34640

☐ Change

☒ Addition

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

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MATTHEW J. DOMBER

4-21-99

727-466-0571

Date

Daytime Phone #

CR2E034 (11/98)