

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 23 11 03 AM

DOCUMENT # **J79903 (7)**

1. Corporation Name

ARBOR VILLAGE OF NORTH TAMPA, INC.

Principal Place of Business

Mailing Address

10517 LAKE WILLIAMS DR.
ODESSA FL 33558

10517 LAKE WILLIAMS DR.
ODESSA FL 33558

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
06/26/1987

3a. Date of Last Report
05/01/1994

2. Principal Place of Business

2a. Mailing Address

21 **13107 N. 22nd St.**

26 **13107 N. 22nd St**

4. FEI Number
59-2824536

Applied For
 Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

28 City & State

24 **Tampa, FL**

29 **Tampa, FL**

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

25 Quantity

29 Zip

30 Quantity

24 **33612**

25 **Hillsborough**

29 **33612**

30 **Hillsborough**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIXON, THOMAS J.
10517 LAKE WILLIAMS DR.
ODESSA FL 33558

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 resigning)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	DIXON, BETTY S.
STREET ADDRESS	10517 LAKE WILLIAM DR.
CITY, ST, ZIP	ODESSA, FL 33558
TITLE	TD
NAME	DIXON, THOMAS J.
STREET ADDRESS	10517 LAKE WILLIAM DR.
CITY, ST, ZIP	ODESSA FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 119.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas J. Dixon Treas. 6/16/95

(813) 920-2036