

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J79903 (7)

1. Corporation Name
ARBOR VILLAGE OF NORTH TAMPA, INC.



Principal Place of Business
**13107 N 22ND ST
TAMPA FL 33612
US**

Mailing Address
**13107 N 22ND ST
TAMPA FL 33612
US**

3. Date Incorporated or Qualified
06/26/1987

3a. Date of Last Report
06/23/1995

2. Principal Place of Business
21 **13107 N. 22nd St.**

2a. Mailing Address
26 **13107 N. 22 St.**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 **TAMPA, FL.**

28 **Tampa, FL.**

24 **33612**

25 **Hillsborough**

29 **33612**

30 **Hillsborough**

4. FEI Number
59-2824536

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

9. Name and Address of Current Registered Agent
~~**DIXON, THOMAS J.
10517 LAKE WILLIAMS DR.
ODESSA FL 33556**~~

10. Name and Address of New Registered Agent

81 Name
MARTIN D. PADGETT

82 Street Address (P.O. Box Number is Not Acceptable)
13107 N. 22nd St.

83

84 City
TAMPA, FL

85 Zip Code
33612

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 *Martin D. Padgett* **Martin D. Padgett** **3-5-96**
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P
NAME DIXON, BETTY S.		1.2 NAME Martin D. Padgett
STREET ADDRESS 10517 LAKE WILLIAM DR.		1.3 STREET ADDRESS 13107 N. 22nd St.
CITY-ST-ZIP ODESSA, FL 33556		1.4 CITY-ST-ZIP Tampa, FL. 33612
TITLE TD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE TD
NAME DIXON, THOMAS J.		2.2 NAME Martin L. Hales
STREET ADDRESS 10517 LAKE WILLIAM DR.		2.3 STREET ADDRESS 13107 N. 22nd St.
CITY-ST-ZIP ODESSA FL		2.4 CITY-ST-ZIP Tampa, FL. 33612
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P
NAME DIXON, BETTY S.		1.2 NAME Martin D. Padgett
STREET ADDRESS 10517 LAKE WILLIAM DR.		1.3 STREET ADDRESS 13107 N. 22nd St.
CITY-ST-ZIP ODESSA, FL 33556		1.4 CITY-ST-ZIP Tampa, FL. 33612
TITLE TD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE TD
NAME DIXON, THOMAS J.		2.2 NAME Martin L. Hales
STREET ADDRESS 10517 LAKE WILLIAM DR.		2.3 STREET ADDRESS 13107 N. 22nd St.
CITY-ST-ZIP ODESSA FL		2.4 CITY-ST-ZIP Tampa, FL. 33612
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		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)(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: *Martin D. Padgett* **Martin D. Padgett** **3-5-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)