

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002920

FILED
Jul 29, 2006
Secretary of State

Entity Name: FRANCES ARBOR VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

602 HERCHEL DR.
TEMPLE TERRACE, FL 33617

New Principal Place of Business:

Current Mailing Address:

PO BOX 16334
TEMPLE TERRACE, FL 33687334

New Mailing Address:

FEI Number: 59-2591339 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WEINSTEIN, NEAL
412 EAST MADISON STREET STE 1111
TAMPA, FL 33602 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: BERRA, APRIL
Address: 602 HERCHEL DR
City-St-Zip: TEMPLE TERRACE, FL

Title: T () Delete
Name: SPAULDING, KATHLEEN
Address: 609 HERCHEL DRIVE
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: VPD () Delete
Name: O'NEIL, RENEE
Address: 6410 112TH AVE
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: S () Delete
Name: ELLIS, CONNIE
Address: 632 JACQUELINE ARBOR
City-St-Zip: TAMPA, FL 33617

Title: VPD () Delete
Name: BULLUCK, DAVID
Address: 614 HERCHEL DR
City-St-Zip: TAMPA, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BARRA, APRIL
Address: 602 HERCHEL DR
City-St-Zip: TEMPLE TERRACE, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN M SPAULDING

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07/29/2006

Electronic Signature of Signing Officer or Director

Date