

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 06, 2002 8:00 am
Secretary of State

05-06-2002 90268 040 ****61.25

DOCUMENT # N00000003134

1. Entity Name

ARBOR TRACE HOMEOWNER'S ASSOCIATION OF INDIAN RIVER COUNTY, INC.

Principal Place of Business

Mailing Address

4420 6TH PALCE SW
VERO BEACH FL 32968

4420 6TH PALCE SW
VERO BEACH FL 32968

2. Principal Place of Business

BLVD.

2027 INDIAN RIVER

3. Mailing Address

2027 INDIAN RIVER BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VERO BEACH, FL

City & State

VERO BEACH, FL

Zip

32960

Country

Zip

32960

Country

US

4. FEI Number

59-3695883

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DONNER, EDWARD D
925 7TH AVENUE
VERO BEACH FL 32960

Name

~~EDWARD D. DONNER~~

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

~~2027 INDIAN RIVER BLVD.~~

1999 POINTE WEST DR

City

VERO BEACH

FL

Zip Code

32960

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
NAME MECHLING, CHARLES ☐ Delete
STREET ADDRESS 1999 POINTE WEST DR
CITY-ST-ZIP VERO BEACH FL 32966

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME HATCH, IRA C ☐ Delete
STREET ADDRESS 1701 HWY A1A, STE. 220
CITY-ST-ZIP VERO BEACH FL 32963

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME MELCHIORI, STEPHEN ☐ Delete
STREET ADDRESS 1999 POINTE WEST DR
CITY-ST-ZIP VERO BEACH FL 32966

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

CHARLES MECHLING 4/17/02 772-794-9912

Date

Daytime Phone #

CR2E037 (9/01)