-2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000006550

1. Entity Name ARBORS PROPERTY OWNERS' ASSOCIATION, INC.



FILED Apr 13, 2005 8:00 am Secretary of State

04-13-2005 90026 049 ****61.25

) INDONO	PROPERTY OWNERS AS:	SOCIATION, INC.						
2605 S.W. 33RD STREET P.O.		Mailing Address P.O. BOX 2495 OCALA, FL 34478	<u> </u>		130802			
O Dánaisal D		La Naciona Address						
2. Principal P	lace of Business	3. Mailing Address					RII DA WIIKI BU	(
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		02172005 Chç	g-NP	CR2E037	(10/03)	
City & State		City & State		4. FEI Number 82-0567684	<u> </u>			oplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of State	tus Desired		8.75 Add	ditional
	6. Name and Address of Current F	Registered Agent		7. Name and Addre	ess of New Re			
KIRKPATE	RICK, KENNETH		Name					
2605 S.W. 33RD ST. OCALA, FL 32674			Street Ac	ddress (P.O. Box Number is N	ot Acceptable)			
		•						
	. 5*		City			FL	Zip Cod	е
	named entity submits this statement for	the purpose of changing its re	egistered office or	registered agent, or both, in the	ne State of Flori	ida. I am far	niliar with,	and accep
the obligat	ions of registered agent.							
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable (NOTE:	Registered Agent signatur	ure required when reinstating)		DATE		
-								
n		a 51. // 0						_
Programme Communication Commun	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees		ke check p la Departn		
10.	Due by May 1, 2005 OFFICERS AND DIF	Trust Fund Co	ontribution.	Added to Fees ADDITIONS/CHANGE	Floric	da Departn S AND DIRE	CTORS IN	v 10
10.	OFFICERS AND DIF	Trust Fund Co	11.	Added to Fees ADDITIONS/CHANGE P/D	Floric	da Departn S AND DIRE	CTORS IN	tate
10.	Due by May 1, 2005 OFFICERS AND DIF	Trust Fund Co	ontribution.	ADDITIONS/CHANGE P/D Grodi, Jeff	S TO OFFICER	da Departn S AND DIRE	CTORS IN	v 10
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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 a state empowered.

SIGNATURE:

2/17/05

352/369-9891