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2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State
04-02-2003 90051 035 ****61.25

DOCUMENT # N02000006550

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

Principal Place of Business	Mailing Address
1224 S.E. FORT KING STREET OCALA FL 34471	1224 S.E. FORT KING STREET OCALA FL 34471

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2605 S.W. 33rd Street	P.O. Box 2495
Suite, Apt. #, etc. Bldg. 200	Suite, Apt. #, etc.
City & State Ocala, FL	City & State Ocala, FL
Zip / Country 34474 / USA	Zip / Country 34478 / USA

4. FEI Number
82-0567684
☐ 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
DRAKE, ROBERT P 1224 S.E. FORT KING STREET OCALA FL 34471	Name: Kenneth Kirkpatrick Street Address (P.O. Box Number is Not Acceptable): 2605 S.W. 33rd St. Bldg. 200 City: Ocala FL Zip Code: 32674

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Ken Kirkpatrick 3/17/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DRAKE, ROBERT P 1224 S.E. FORT KING STREET OCALA FL 34471	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD COPE, DAVID G 3220 SE 3RD AVENUE OCALA FL 34470	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HAINES, TIM D 125 N.E. 1ST AVENUE, SUITE 1 OCALA FL 34470	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (10/02)

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: X Robert P. Drake Robert P. Drake 3/19/03 352-867-8138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE