

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007104

FILED  
Feb 07, 2006  
Secretary of State

**Entity Name:** ARBOR THICKET HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1300 THICKET LANE  
SARASOTA, FL 34240

**New Principal Place of Business:**

1400 THICKET LANE  
SARASOTA, FL 34240

**Current Mailing Address:**

1300 THICKET LANE  
SARASOTA, FL 34240

**New Mailing Address:**

1400 THICKET LANE  
SARASOTA, FL 34240

**FEI Number:** 81-0573016

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TOPE, EDWIN G  
1300 THICKET LANE  
SARASOTA, FL 34240 US

**Name and Address of New Registered Agent:**

TOPE, EDWIN G  
1400 THICKET LANE  
SARASOTA, FL 34240 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:

02/07/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: TOPE, EDWIN G  
Address: 1300 THICKET LANE  
City-St-Zip: SARASOTA, FL 34240

Title: T ( ) Delete  
Name: TOPE, RENEE  
Address: 1300 THICKET LANE  
City-St-Zip: SARASOTA, FL 34240

Title: T ( ) Delete  
Name: BARRETT, JEFFERY  
Address: 1110 NOGALES BEND  
City-St-Zip: RICHMOND, TX 77469

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: TOPE, EDWIN G  
Address: 1400 THICKET LANE  
City-St-Zip: SARASOTA, FL 34240

Title: T (X) Change ( ) Addition  
Name: TOPE, RENEE S  
Address: 1400 THICKET LANE  
City-St-Zip: SARASOTA, FL 34240

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: EDWIN G TOPE

D

02/07/2006

Electronic Signature of Signing Officer or Director

Date