## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N02000008699

1. Entity Name
ARBOR RIDGE PROFESSIONAL PARK OWNERS ASSOCIATION, INC.



FILED
Apr 20, 2006 8:00 am
Secretary of State
secretary or state

04-20-2006 90178 007 \*\*\*\*61.25

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Principal Place of Bu 16630 NORTH DAL TAMPA, FL 33618	TH DALE MABRY HWY 16630 NORTH DALE MABRY H				WY		I IEEME		.0054 		<b>11 10 15 1 1</b> 1111			
2. Principal Place of	pal Place of Business 3. Mailing Address							į						
Suite, Apt. #, etc.	t. #, etc. Suite, Apt. #, etc.						0119200	6 C	hg-NP	CR2E	E037 (1	1/05)		
City & State		City & State					4. FEI Nur 65-1		B2				plied For t Applicable	
Zip	Country	Zip	Country				5. Certific	ate of S	status Desire	d 🗆		75 Add Require		
6.	Name and Address of Curren	Registere	d Agent				7. Name a	nd Ad	dress of Nev	w Registere	d Agent			
					Name									
16630 N. DALE	TFALL, JOHN 0 N. DALE MABRY HIGHWAY PA, FL 33618-1400						ldress (P.O. Box Number is Not Acceptable)							
					City					F	L Z	ip Cod	3	
_ <u>-</u> .					L				<del></del>					
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	re, typed or printed name of registered ager	t and title if appl	icable. (NOTE	: Registere	d Agent signatu	are required v	when reinstating	)		DAT	E			
Filing Fee Is \$61.25  Due by May 1, 2006  9. Election Campaign I Trust Fund Contribut						\$5.00 May Be Added to Fees  Make check payable to Florida Department of State								
10.	OFFICERS AND DIRECTORS 11.					A	DDITIONS/	CHANG	SES TO OFF	ICERS AND	DIRECT	ORS IN	10	
TITLE PD			☐ Delete	TITLI	F							Change	☐ Addition	
l	MON, KATHLEEN		- DOIGE	NAM										
1 1	1		STRE	ET ADDRESS										
CITY-ST-ZIP TAM	IPA, FL 33612			CITY	-ST-ZIP									
TITLE VD			☐ Delete	TITL	F.							Change	☐ Addition	
	Color			NAM										
STREET ADDRESS 7320	E FLETCHER AVENUE, S	UITE 167		STRE	EET ADORESS									
CITY-ST-ZIP TAM				CITY	-ST-ZIP									
TITLE SD			Delete	TITL	E							Change	Addition	
NAME RIPA	A, FRANK		/ \	NAM	IE ¦								,	
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				OUTV										
CITY-ST-ZIP TAM	IPA, FL 33619			Crit	'-ST-ZIP								X Addition	
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SIGNATURE: