

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90160 042 \*\*\*\*\*70.00

**DOCUMENT # N03891**

1. Entity Name

**THE ARBORS MOBILE HOME OWNER'S ASSOCIATION, INC.**



Principal Place of Business

515 S. TAMiami TRAIL  
OSPReY FL 34229

Mailing Address

515 S. TAMiami TRAIL  
OSPReY FL 34229

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2563835

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

**STERLING, BARBARA**  
**PREFOUNTAIN, MURINE TREA**  
**252 SUN AIR CIRCLE 294 Tropic DR**  
**OSPReY FL 34229**

Name

**BARBARA STERLING**

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

**294 Tropic Drive**

City

**OSPReY FL**

**FL**

Zip Code

**34229**

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

*Barbara Sterling*

**4/15/08**

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**  
**Due By May 1, 2008**

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	P	<input checked="" type="checkbox"/> Delete
NAME	O'MALLEY, JACK	
STREET ADDRESS	162 EDGEWOOD DR	
CITY-ST-ZIP	OSPReY FL 34229	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	STERLING, BARBARA	
STREET ADDRESS	294 TROPIC DRIVE	
CITY-ST-ZIP	OSPReY FL 34229	
TITLE	ID	<input type="checkbox"/> Delete
NAME	KILL, DONALD	
STREET ADDRESS	275 SUN AIR CR	
CITY-ST-ZIP	OSPReY FL 34229	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PREFOUNTAIN, MURINE	
STREET ADDRESS	252 SUN AIR CIR	
CITY-ST-ZIP	OSPReY FL 34229	
TITLE	ID	<input type="checkbox"/> Delete
NAME	JOHNSON, DAVID	
STREET ADDRESS	194 PALM AIR DRIVE	
CITY-ST-ZIP	OSPReY FL 34229	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	REASON, BARBARA	
STREET ADDRESS	205 PALM AIR DRIVE	
CITY-ST-ZIP	OSPReY FL 34229	

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONALD BALAZE	
STREET ADDRESS	292 PARK LANE	
CITY-ST-ZIP	OSPReY, FL 34229	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID JOHNSON	
STREET ADDRESS	306 TROPIC DR.	
CITY-ST-ZIP	OSPReY, FL 34229	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERLING, BARBARA	
STREET ADDRESS	294 TROPIC DRIVE	
CITY-ST-ZIP	OSPReY, FL 34229	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARRE, GRACE	
STREET ADDRESS	306 TROPIC DR.	
CITY-ST-ZIP	OSPReY, FL 34229	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Barbara Sterling* **BARBARA STERLING**

**4/15/08**

**941-966-7935**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #