

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03891

**FILED**  
**Mar 22, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

515 S. TAMIAMI TRAIL  
OSPREY, FL 34229

**New Principal Place of Business:**

**Current Mailing Address:**

515 S. TAMIAMI TRAIL  
OSPREY, FL 34229

**New Mailing Address:**

**FEI Number:** 59-2563835

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STERLING, BARBARA TREA  
294 TROPIC DR  
OSPREY, FL 34229 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BYERS, JOY O  
Address: 326 TROPIC DRIVE  
City-St-Zip: OSPREY, FL 34229

Title: VP  
Name: BOWLES, ROBERT  
Address: 208 PALM AIR DRIVE  
City-St-Zip: OSPREY, FL 34229

Title: S  
Name: THOMAS, SUSAN J  
Address: 138 TROPIC DRIVE  
City-St-Zip: OSPREY, FL 34229

Title: T  
Name: STERLING, BARBARA  
Address: 294 TROPIC DR  
City-St-Zip: OSPREY, FL 34229

Title: D  
Name: MCCOURT, RONALD  
Address: 173 EDGEWOOD DRIVE  
City-St-Zip: OSPREY, FL 34229

Title: D  
Name: SEMMELROCK, ALTON  
Address: 168 EDGEWOOD DRIVE  
City-St-Zip: OSPREY, FL 34229

I hereby 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 all other like empowered.

SIGNATURE: BYERS, JOY

P

03/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date