2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2012
Secretary of State

DOCUMENT# N03891

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: BARBARA STERLING TREA 04/10/2012

Electronic Signature of Signing Officer or Director Date