

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90013 032 ****61.25

DOCUMENT # N08895

1. Entity Name
ARBOR OAKS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**218 E BEARRS AVE
241
TAMPA, FL 33613 US**

Mailing Address

**218 E BEARRS AVE
241
TAMPA, FL 33613 US**

DO NOT WRITE IN THIS SPACE



05012008 No Chg-NP

CR2E037 (4/06)

4. FBI Number
59-2760792

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CONDOMINIUM ALLIANCE MGMT. CORP
218 E. BEARSS AVE
PMB 241
TAMPA, FL 33613**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GANDARA, ADRIAN
3410 ARBOR OAKS CT
TAMPA, FL 33614**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MCSORLEY, CHARLES
3416 ARBOR OAKS CT
TAMPA, FL 33614**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
WOODS, JAMES
POB 27072
TAMPA, FL 33623**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #