



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90026 031 ****61.25

DOCUMENT # N16957 1. Entity Name THE ARBORS ASSOCIATION, INC.					
Principal Place of Business 11408 LINARBOR PLACE TEMPLE TERRACE, FL 33617 US			Mailing Address 11408 LINARBOR PLACE TEMPLE TERRACE, FL 33617 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2780469	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HOUSTON, AVEREY C 11408 LINARBOR PLACE TEMPLE TERR, FL 33617				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY - ST - ZIP	TD HOUSTON, AUBREY C 11408 LINARBOR PLACE TEMPLE TERRACE, FL 33617	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SMITH, CONNIE 11410 LINARBOR PLACE TEMPLE TERRACE, FL 33617	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HELLER, FRAN 11418 LINARBOR PLACE TEMPLE TERRACE, FL 33617	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HENSCHEN, RANDALL N 11402 LINARBOR PLACE TEMPLE TERRACE, FL 33617	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VEIT, TOM 11310 LINARBOR PLACE TEMPLE TERRACE, FL 33617	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JEFF WEGGINS 11308 LINARBOR PL. TEMPLE TERRACE, FL 33617	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EUSLYN W. FRANK 11314 LINARBOR PL. TEMPLE TERRACE, FL 33617	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JEFF WEGGINS 11308 LINARBOR PL. TEMPLE TERRACE, FL 33617	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 checked on an attachment with an address, with all other like empowered.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">  </div> <div style="width: 40%;"> 3-1-06 </div> <div style="width: 20%;"> 813.989.8276 </div> </div>					