2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## Apr 29, 2004 8:00 am Secretary of State DOCUMENT # N47386 1. Entity Name 4-29-2004 90221 037 \*\*\*\*61.25 ARBOR POINTE UNIT FIVE OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 13263 HARTWELL DR 13263 HARTWELL DR AZBITTD# JACKSONVILLE FL 32225 JACKSONVILLE FL 32225 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-3125893 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JONES, DANA Street Address (P.O. Box Number is Not Acceptable) 13263 HARTWELL JACKSONVILLE FL 32225 Zip Code 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TITLE TITLE Treasurer Change M Addition JONES, DANA RAYMER, TAMMI NAME 13263 HARTWELL DR. 400 MARTWELL STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32225 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition FLORENCZ, DOUG NAME MAME 13239 HARTWELL DR. STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32225 CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE HAPSIS, GEORGE NAME NAME 13265 EUCALYPTUS DR. STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32225 CITY-ST-ZIP CITY-ST-ZIF Treasurer ☐ Change Addition TITLE ☐ Delete TITLE RAYMER TAMME NAME NAME 400 HAZTWELL TEXZ. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**