

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 12, 2005 8:00 am**  
**Secretary of State**

09-12-2005 90005 015 \*\*\*\*61.25

<b>DOCUMENT # N47386</b> 1. Entity Name <b>ARBOR POINTE UNIT FIVE OWNERS ASSOCIATION, INC.</b>			
Principal Place of Business 13263 HARTWELL DR JACKSONVILLE, FL 32225		Mailing Address 13263 HARTWELL DR JACKSONVILLE, FL 32225	
2. Principal Place of Business <i>SAA</i>		3. Mailing Address <i>SAA</i>	
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____	
City & State <i>SAA</i>		City & State <i>SAA</i>	
Zip _____		Country _____	
4. FEI Number <b>59-3125893</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>JONES, DANA</b> <b>13263 HARTWELL</b> <b>JACKSONVILLE, FL 32225</b>		<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE <b>D Vice President</b> <input type="checkbox"/> Delete	NAME <b>JONES, DANA</b>	TITLE <b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <b>George HASPIS</b>
STREET ADDRESS <b>13263 HARTWELL DR.</b>	CITY-ST-ZIP <b>JACKSONVILLE, FL 32225</b>	STREET ADDRESS <b>FLUOROPOLYMER DR.</b>	CITY-ST-ZIP <b>JAX. FL. 32225</b>
TITLE <b>D</b> <input checked="" type="checkbox"/> Delete	NAME <b>FLORENCZ, DOUG</b>	TITLE <b>Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <b>DAVID TYREE</b>
STREET ADDRESS <b>13239 HARTWELL DR.</b>	CITY-ST-ZIP <b>JACKSONVILLE, FL 32225</b>	STREET ADDRESS <b>HARTWELL DR.</b>	CITY-ST-ZIP <b>JAX. FL. 32225</b>
TITLE <b>T</b> <input checked="" type="checkbox"/> Delete	NAME <b>RAYMER, TAMMY</b>	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____
STREET ADDRESS <b>400 HARTWELL TERR</b>	CITY-ST-ZIP <b>JACKSONVILLE, FL 32225</b>	STREET ADDRESS _____	CITY-ST-ZIP _____
TITLE _____ <input type="checkbox"/> Delete	NAME _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____
STREET ADDRESS _____	CITY-ST-ZIP _____	STREET ADDRESS _____	CITY-ST-ZIP _____
TITLE _____ <input type="checkbox"/> Delete	NAME _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____
STREET ADDRESS _____	CITY-ST-ZIP _____	STREET ADDRESS _____	CITY-ST-ZIP _____
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.			
<b>SIGNATURE: <i>Dana R. Jones</i></b>		<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b> <b>DANA R. JONES</b>	
Date <b>09-01-2005</b>		Daytime Phone # <b>318-9559</b>	