

2002 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-01-2002 90171 025 ****70.00

DOCUMENT # N47387

1. Entity Name

ARBOR POINTE UNIT FOUR OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

13170-58 ATLANTIC BLVD.
PMB 242
JACKSONVILLE FL 32225
US

13170-58 ATLANTIC BLVD.
PMB 242
JACKSONVILLE FL 32225
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3125895

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROOKSBERRY, TERI M
421 ASHCROFT LANDING DRIVE
JACKSONVILLE FL 32225

Name

Street Address (P.O. Box Number is Not Acceptable)

421 ASHCROFT LANDING DRIVE * CORRECTION

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

3-25-02
DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P D** ☐ Delete
NAME **DI FRANZA, GREGORY**
STREET ADDRESS **13411 ASHCROFT LANDING CT**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **V D** ☐ Delete
NAME **RATCLIFFE, MONTY**
STREET ADDRESS **481 SHANNA ISLE COURT**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **ST D** ☐ Delete
NAME **ROOKSBERRY, TERI**
STREET ADDRESS **421 ASHCROFT LANDING DR**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **T** ☒ Delete
NAME **NOLAN, MEMORIE**
STREET ADDRESS **459 ASHCROFT LANDING DR**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **S** ☒ Delete
NAME **QUINN, MARY GILBERT**
STREET ADDRESS **13398 ASHCROFT LANDING CT**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☒ Delete
NAME **FOYT, ROBIN LOUISE**
STREET ADDRESS **440 ASHCROFT LANDING DR**
CITY-ST-ZIP **JACKSONVILLE FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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.

SIGNATURE:

Teri M. Rooksberry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-25-02 (904) 390-1500

CR2037 (9/01)