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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N47389

(4)

## ARBOR POINTE UNIT TWO OWNERS ASSOCIATION, INC.

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Principal Place of Business			Mailing Address					i regilini nii sinii inadd iifht	10110 1011 01016 0		nıı asnıı Aldır IRdi	
220 SNOW GOOSE LANE JACKSONVILLE FL 32225			220 SNOW GOOSE LANE JACKSONVILLE FL 32225				-	3. Date Incorporated or Qualif	fied			
								_	02/14/1992 4. FEI Number		· 	Applied For
								ł	59-3125902			Not Applicable
2. Principal Place of Business 21			2a. Mailing Address 26					5. Certificate of Status Desired	ı 🗆		5 Additional Required	
Suite, Apt. #, etc.			Suite, Apt. #, etc.						6. Election Campaign Financir	ng		O May Be
	22			27 City & State					Trust Fund Contribution		Adde	d to Fees
City & State			City & State						7. Is this nonprofit corporation		rs associ □ No	ation?
Žip	_	Country	Žij	p	Cou	intry			8. This corporation owes or ha			r intensible
24		25	29		30				Personal Property Tax due .		Yes	No Distriction
	9. Name	and Address of Curren	nt Registere	ed Agent				1	0. Name and Address of Nev	w Registered	Agent	
						81	Name					
	OTT, LARRY					82	Street	Address	(P.O. Box Number is Not Acce	ptable)		
	IOW GOOSI ONVILLE FL					83						
UNUNU	DIANIFIE LE	, 32223										
						84	City		· ·	FL	85	Zip Code
11. Pursuant	to the provis	ions of Sections 617 050	12 and £47									
	registered ag am familiar w	gent, or both, in the State ith, and accept the obliga	ations of, Se	such change was action 617.0503, i				corporat poration's	tion submits this statement for t s board of directors. I hereby a	the purpose o ocept the app	f changir cointment	ng its registered i as registered
agent. I a	registered ag am familiar w	gent, or both, in the State ith, and accept the obliga- d or printed name of registered age	of Florida. ations of, Se	such change was action 617.0503, I	s authorize Florida Stat OTE Registere	d by lutes.	the corp	poration's	s board of directors. I hereby a	ccept the app	oointment	as registered
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4. 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 annual report or supplemental annual report if 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 impowered to execute this report as required by Chapter 617, florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or an attachment with an address.

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904-221-3684

**FILED** 

Feb 26 1998 8:00am

Secretary of State