2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2001 8:00 am
Secretary of State
03-14-2001 90011 036 ****70.00

DOCUMENT # N94000003347

1. Entity Name

THE ARBORS VILLAGE ASSOCIATION, INC.

55102

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2400 SE FEDERAL HWY SUITE 310 STUART FL 34994	2400 SE FEDERAL HWY SUITE 310 STUART FL 34994

2. Principal Place of Business	3. Mailing Address
12785 Forest Hill Blvd Suite, Apt. #, etc. Suite C City & State Wellington, FL Zip / Country 33414 / Palm Beach	12785 Forest Hill Blvd Suite, Apt. #, etc. Suite C City & State Wellington, FL Zip / Country 33414 / Palm Beach

4. FEI Number 65-0569420 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHOSNEK, IVAN 2400 SE FEDERAL HWY SUITE 310 STUART FL 34994	Name: Deborah L. Rose, Esq. Street Address (P.O. Box Number is Not Acceptable): 401 East Osceola Street First Floor City: Stuart, FL Zip Code: 34994

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: Carolyn Brown, Property Mgr. DATE: 4/3/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CHOSNEK, IVAN 2400 SE FEDERAL HWY STUART FL 34994	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Bob Halstead 7941 Mammoth Dr. Hobe Sound, FL 33455	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIEGEL, CARL 5693 SE FLOREST GLADE TRAIL HOBE SOUND FL 33455	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Ron Ungaro 7636 S Teton Hobe Sound, FL 33455	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS WHITE, JEANNIE 2400 SE FEDERAL HWY STUART FL 34994	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Gary Smith 8050 SE Mammoth DR. Hobe Sound, FL 33455	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TAYLOR, LOIS 2400 SE FEDERAL HWY STUART FL 34994	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Martha Carver 8002 SE Mammoth Dr. Hobe Sound, FL 33455	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HALSTEAD, BOB 7941 MAMMOTH DR HOBE SOUND FL 33455	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Hedy Bressler 7813 SE Big Horn Dr. Hobe Sound, FL 33455	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: D. Halstead 2/23/01 (561) 220-1380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #