

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90844 028 ****61.25

DOCUMENT # N94000003347

1. Entity Name

THE ARBORS VILLAGE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

Dickinson Management Inc Dickinson Mgmt. Inc.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7136 SE Osprey Street

400 Toney Penna Drive

**City & State
Hobe Sound, Florida**

**City & State
Jupiter, Florida**

**Zip
33455**

**Country
USA**

**Zip
33458**

**Country
USA**

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

**ROSS, DEBORAH L ESQ
401 EAST OSCEOLA STREET
FIRST FLQR
STUART FL 34994**

7. Name and Address of New Registered Agent

Name

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

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

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

(NOTE: Registered Agent signature required when reinstating)

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 NAME ☐ Delete

**PD
HALSTEAD, BOB
7941 MAMMOTH DRIVE
HOBE SOUND FL 33455**

TITLE NAME ☒ Delete

**VP
UNGARO, RON
7636 SOUTH TETON
HOBE SOUND FL 33455**

TITLE NAME ☐ Delete

**SD
SMITH, GARY
8050 SOUTHEAST MAMMOTH DRIVE
HOBE SOUND FL 33455**

TITLE NAME ☒ Delete

**TD
CARVER, MARTHA
8002 SOUTHEAST MAMMOTH DRIVE
HOBE SOUND FL 33455**

TITLE NAME ☐ Delete

**D
BRESSLER, HEDY
7813 SOUTHEAST BIG HORN DRIVE
HOBE SOUND FL 33455**

TITLE NAME ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☒ Change ☐ Addition

**DT
Halstead, Bob
7941 Mammoth Drive
Hobe Sound FL 33455**

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☒ Change ☐ Addition

**DP
Smith, Gary
8050 SE Mammoth Drive
Hobe Sound FL 33455**

TITLE NAME ☐ Change ☒ Addition

**D
Thomas Tully
8019 SE Sequoia Dr.
Hobe Sound FL 33455**

TITLE NAME ☒ Change ☐ Addition

**DS
Bressler, Hedy
7813 SE Big Horn Drive
Hobe Sound, FL 33455**

TITLE NAME ☐ Change ☐ Addition

TITLE 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: Robert Halstead REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)