

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000003347

**FILED**  
**Jan 12, 2004**  
**Secretary of State****Entity Name:** THE ARBORS VILLAGE ASSOCIATION, INC.**Current Principal Place of Business:**DICKINSON MGMT INC.  
7136 SE OSPREY ST  
HOBE SOUND, FL 33455**New Principal Place of Business:****Current Mailing Address:**DICKINSON MGMT INC.  
400 TONEY PENNA DRIVE  
JUPITER, FL 33458**New Mailing Address:****FEI Number:** 65-0569420**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**ROSS, DEBORAH L ESQ  
401 EAST OSCEOLA STREET  
FIRST FLOOR  
STUART, FL 34994**Name and Address of New Registered Agent:**ROSS, DEBORAH L ESQ  
759 S. FEDERAL HIGHWAY  
SUITE 212  
STUART, FL 34994

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: \_\_\_\_\_

01/12/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** DT ( ) Delete  
**Name:** HALSTEAD, BOB  
**Address:** 7941 MAMMOTH DRIVE  
**City-St-Zip:** HOBE SOUND, FL 33455**Title:** D ( ) Delete  
**Name:** SWARZ, FRAN S  
**Address:** 5897 SE FOREST GLADE TRAIL  
**City-St-Zip:** HOBE SOUND, FL 33455**Title:** DP ( ) Delete  
**Name:** SMITH, GARY  
**Address:** 8050 SOUTHEAST MAMMOTH DRIVE  
**City-St-Zip:** HOBE SOUND, FL 33455**Title:** VP ( ) Delete  
**Name:** TULLY, THOMAS  
**Address:** 8019 SE SEQUOIA DRIVE  
**City-St-Zip:** HOBE SOUND, FL 33455**Title:** DS ( ) Delete  
**Name:** BRESSLER, HEDY  
**Address:** 7813 SE BIG HORN DRIVE  
**City-St-Zip:** HOBE SOUND, FL 33455**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** DP (X) Change ( ) Addition  
**Name:** SMITH, GARY L  
**Address:** 8050 SOUTHEAST MAMMOTH DRIVE  
**City-St-Zip:** HOBE SOUND, FL 33455**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY L. SMITH

DP

01/12/2004

Electronic Signature of Signing Officer or Director

Date