

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90037 005 \*\*\*\*61.25

**DOCUMENT # N94000003347**

1. Entity Name

THE ARBORS VILLAGE ASSOCIATION, INC.



Principal Place of Business

DICKINSON MGMT INC.  
7136 SE OSPREY ST  
HOBE SOUND FL 33455

Mailing Address

DICKINSON MGMT INC.  
400 TONEY PENNA DRIVE  
JUPITER FL 33458

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

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

ROSS, DEBORAH L ESQ  
759 S. FEDERAL HIGHWAY  
SUITE 212  
STUART FL 34994

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. I am familiar with, and accept the obligations of registered agent.

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  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE DT ☐ Delete  
NAME HALSTEAD, BOB  
STREET ADDRESS 7941 MAMMOTH DRIVE  
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE D ☐ Delete  
NAME SWARZ, FRAN S  
STREET ADDRESS 5897 SE FOREST GLADE TRAIL  
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE DP ☐ Delete  
NAME SMITH, GARY L  
STREET ADDRESS 8050 SOUTHEAST MAMMOTH DRIVE  
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE VP ☐ Delete  
NAME TULLY, THOMAS  
STREET ADDRESS 8019 SE SEQUOIA DRIVE  
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE DS ☐ Delete  
NAME BRESSLER, HEDY  
STREET ADDRESS 7813 SE BIG HORN DRIVE  
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DIRECTOR ☒ Change ☐ Addition  
NAME Halstead Bob  
STREET ADDRESS 7941 Mammoth Dr.  
CITY-ST-ZIP Hobe Sound FL 33455

TITLE DIRECTOR TREASURER ☒ Change ☐ Addition  
NAME Swarz Fran S.  
STREET ADDRESS 5897 SE Forest Glade Tr.  
CITY-ST-ZIP Hobe Sound FL 33455

TITLE DIRECTOR, V.P. ☒ Change ☐ Addition  
NAME Smith, Gary L.  
STREET ADDRESS 8050 SE Mammoth Dr.  
CITY-ST-ZIP Hobe Sound FL 33455

TITLE DIRECTOR PRESIDENT ☒ Change ☐ Addition  
NAME Tully Thomas  
STREET ADDRESS 8019 SE Sequoia Dr.  
CITY-ST-ZIP Hobe Sound FL 33455

TITLE DS ☐ Change ☐ Addition  
NAME Bressler, Hedy  
STREET ADDRESS 7813 SE Big Horn Dr.  
CITY-ST-ZIP Hobe Sound FL 33455

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/2/04 772-781-0110