

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 07, 2007 8:00 am
Secretary of State

09-07-2007 90002 047 ****61.25

DOCUMENT # N94000003347

1. Entity Name

THE ARBORS VILLAGE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

~~CAPITAL REALTY ADVISORS, INC~~
~~600 SANDTREE DR 109~~
~~WEST PALM BEACH FL 33403~~

~~CAPITAL REALTY ADVISORS, INC~~
~~600 SANDTREE DR 109~~
~~WEST PALM BEACH FL 33403~~



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

INFINITY INDUSTRIES LLC

PO Box 1562

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1470 NW LAKESIDE TRL

HOBE SOUND FL

City & State

City & State

STUART FL

HOBE SOUND FL

Zip

Country

Zip

Country

34994

USA

33475

USA

2nd MOORE

CR2E037 (4/07)

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

SAMP

8-26-07

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 September 5, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T
NAME MCWILLIAMS, TIM ☐ Delete
STREET ADDRESS 5451 SE ACADIA TERR
CITY-ST-ZIP HOBE SOUND FL 33455

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

S
NAME SWARTZ, LARRY ☐ Delete
STREET ADDRESS 5897 SE FOREST GLADE TRL
CITY-ST-ZIP HOBE SOUND FL 33455

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

P
NAME BENVENUTI, JACK ☒ Delete
STREET ADDRESS 5802 SE FOREST GLADE TR
CITY-ST-ZIP HOBE SOUND FL 33455

PRES.
NAME SHARON HOLLINGSWORTH ☐ Change ☒ Addition
STREET ADDRESS 5741 SE FOREST GLADE TRAIL
CITY-ST-ZIP HOBE SOUND, FL 33455

D
NAME VENTOSO, AL ☐ Delete
STREET ADDRESS 7837 SE BIG HORN DR
CITY-ST-ZIP LUMBERTON MS 39455

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
NAME BRESSLER, HEDY ☒ Delete
STREET ADDRESS 7813 SE BIG HORN DR
CITY-ST-ZIP HOBE SOUND FL 33455

V.P.
NAME CARL SIEGEL ☐ Change ☒ Addition
STREET ADDRESS 5693 SE FOREST GLADE TRAIL
CITY-ST-ZIP HOBE SOUND FL 33455

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]