

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90022 042 ****61.25

DOCUMENT # N94000003347 1. Entity Name THE ARBORS VILLAGE ASSOCIATION, INC.					
Principal Place of Business INFINITY INDUSTRIES LLC 1470 NW LAKESIDE TRL STUART, FL 34994			Mailing Address P.O. 1562 HOBE SOUND, FL 33475		
2. Principal Place of Business - No P.O. Box # CAMS		3. Mailing Address 314 NE 3rd St			
Suite, Apt. #, etc. 314 NE 3rd St		Suite, Apt. #, etc. 314 NE 3rd St			
City & State Boynton Beach FL		City & State Boynton Beach FL			
Zip 33435		Country Palm Beach		Zip 33435	
Country Palm Beach		Country Palm Beach			
6. Name and Address of Current Registered Agent ROSS, DEBORAH L ESQ 759 S. FEDERAL HIGHWAY SUITE 212 STUART, FL 34994				7. Name and Address of New Registered Agent Name CAMS Street Address (P.O. Box Number is Not Acceptable) 314 NE 3rd Street City Boynton Beach FL Zip Code 33435	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCWILLIAMS, TIM 5451 SE ACADIA TERR HOBE SOUND, FL 33455	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Towers, Pat PO BOX 587 HOBE SOUND, FL 33475	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SWARTZ, LARRY 5897 SE FOREST GLADE TRL HOBE SOUND, FL 33455	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Bowen-Smith, Fred 5754 SE Forest Glade Trail HOBE SOUND, FL 33475	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLLINGSWORTH, SHARON 5741 SE FOREST GLADE TRAIL HOBE SOUND, FL 33455	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Tulko, William 8050 SE Sequoia Drive HOBE SOUND, FL 33475	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VENTOSO, AL 7837 SE BIG HORN DR LUMBERTON, MS 39455	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Berger, Phillip 8050 SE Sequoia Drive HOBE SOUND, FL 33475	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIEGEL, CARL 5693 SE FOREST GLADES TRAIL HOBE SOUND, FL 33455	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hollingsworth, Sam 5741 SE Forest Glade Trail HOBE SOUND, FL 33475	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>William S. Tulko</i> WILLIAM S. TULKO, TREASURER					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 7/1/08 Daytime Phone # 561-738-0061	