

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90142 029 ****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

6. Name and Address of Current Registered Agent

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

4. FEI Number **65-0569420**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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. 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

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

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

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

TITLE **VP** ☒ Delete
NAME **UNGARO, RON**
STREET ADDRESS **7636 SOUTH TETON**
CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **FRAN SWARZ**
STREET ADDRESS **5897 S.E. FOREST GLADE TRAIL**
CITY-ST-ZIP **HOBE SOUND, FL 33455**

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

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

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

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 OF [Signature]

3-14-03 (772) 220-1380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)