

JOINT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90041 010 ****61.25

DOCUMENT # N97000003738

1. Entity Name
THE ARBORS LOT OWNERS ASSOCIATION, INC.



Principal Place of Business
**1048 ARBOR HILL CIRCLE
MINNEOLA, FL 34715**

Mailing Address
**P O BOX 1572
MINNEOLA, FL 34755**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02052007

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-3533939

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FISH, DONNA
832 ARBOR HILL CIRCLE
MINNEOLA, FL 34711**

7. Name and Address of New Registered Agent

Name **MARLENE E. BELCHER**

Street Address (P.O. Box Number is Not Acceptable)
924 ARBOR HILL CIRCLE

City **MINNEOLA**

FL

Zip Code
34715

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

Marlene E. Belcher **MARLENE E. BELCHER**

3/18/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 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

TITLE **VPD** ☒ Delete
NAME **MASTERJOHN, DANIEL**
STREET ADDRESS **825 ARBOR HILL CIRCLE**
CITY-ST-ZIP **MINNEOLA, FL 34715**

TITLE **SD** ☒ Delete
NAME **FISH, DONNA**
STREET ADDRESS **832 ARBOR HILL CIRCLE**
CITY-ST-ZIP **MINNEOLA, FL 34715**

TITLE **TD** ☐ Delete
NAME **BELCHER, MARLENE E**
STREET ADDRESS **924 ARBOR HILL CIRCLE**
CITY-ST-ZIP **MINNEOLA, FL 34715**

TITLE **D** ☒ Delete
NAME **HAMILTON, CLIFFORD**
STREET ADDRESS **943 ARBOR HILL CIRCLE**
CITY-ST-ZIP **MINNEOLA, FL 34711**

TITLE **P** ☐ Delete
NAME **HOLLOWAY, JOSEPH JR**
STREET ADDRESS **1048 ARBOR HILL CIR**
CITY-ST-ZIP **MINNEOLA, FL 34715**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** ☒ Change ☐ Addition
NAME **WILLIAM MANSEY**
STREET ADDRESS **1006 ARBOR HILL CIRCLE**
CITY-ST-ZIP **MINNEOLA, FL 34715**

TITLE **SD** ☒ Change ☐ Addition
NAME **FANYA JONES**
STREET ADDRESS **952 ARBOR HILL CIRCLE**
CITY-ST-ZIP **MINNEOLA, FL 34715**

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

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

TITLE ☐ Change ☐ Addition
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 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: *Marlene E. Belcher* **Marlene E. Belcher**

3/18/07

(352) 242-2955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #