

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 10, 1999 8:00 am
Secretary of State

09-10-1999 90008 035 ****61.25

DOCUMENT # N98000001948

Corporation Name

ARBOR RIDGE HOME OWNERS' ASSOCIATION OF TAMPA, INC.

Principal Place of Business

111 N. WESTSHORE BLVD., STE. 105-A
TAMPA FL 33607

Mailing Address

1111 N. WESTSHORE BLVD., STE. 105-A
TAMPA FL 33607

614186-90008-35 6 *



Principal Place of Business 5814 Arbor Walk Lane		2a. Mailing Address 12088 Anderson Road		3. Date Incorporated or Qualified 04/03/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3505210	
City & State Tampa, FL		City & State Tampa, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33624		Zip 33625		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country Hillsborough		Country Hillsborough			

9. Name and Address of Current Registered Agent

FRIER, JERRY C
1111 N. WESTSHORE BLVD., STE. 105-A
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name	Ronald Dean Wilkins
82 Street Address (P.O. Box Number is Not Acceptable)	5814 Arbor Walk Lane
83	
84 City	Tampa
85 Zip Code	FL 33624

I, Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

Signature, typed or printed name of registered agent and title if applicable. **Ronald Dean Wilkins, Treasurer** 9/7/99

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ME	FRIER, JERRY C	1.2 NAME	Arthur O. Fuente, Jr.
REET ADDRESS	1111 N. WESTSHORE BLVD., STE. 105-A	1.3 STREET ADDRESS	5812 Arbor Walk Lane
Y-ST-ZIP	TAMPA FL 33607	1.4 CITY-ST-ZIP	Tampa, FL 33624
LE	DST <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ME	FRIER, CORY G	2.2 NAME	Anthony Morejon
REET ADDRESS	1111 N. WESTSHORE BLVD., STE. 105-A	2.3 STREET ADDRESS	5807 Arbor Walk Lane
Y-ST-ZIP	TAMPA FL 33607	2.4 CITY-ST-ZIP	Tampa, FL 33624
LE	DV <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ME	ROSE, PAUL	3.2 NAME	Ronald Dean Wilkins
REET ADDRESS	1111 N. WESTSHORE BLVD., STE. 105-A	3.3 STREET ADDRESS	5814 Arbor Walk Lane
Y-ST-ZIP	TAMPA FL 33607	3.4 CITY-ST-ZIP	Tampa, FL 33624
LE	<input type="checkbox"/> DELETE	4.1 TITLE	D/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ME		4.2 NAME	Clyde Shaver
REET ADDRESS		4.3 STREET ADDRESS	10930 Arbor Ridge Drive
Y-ST-ZIP		4.4 CITY-ST-ZIP	Tampa, FL 33624
LE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
Y-ST-ZIP		5.4 CITY-ST-ZIP	
LE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

I, 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Ronald Dean Wilkins, Treas.** 9/7/99 (813) 960-1677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)