

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001948

1. Entity Name

ARBOR RIDGE HOME OWNERS' ASSOCIATION OF TAMPA, I

Principal Place of Business

5814 ARBOR WALK LANE
TAMPA FL 33624

Mailing Address

12088 ANDERSON RD
PMB #154
TAMPA FL 33625

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3505210

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILKINS, RONALD D
5814 ARBOR WALK LANE
TAMPA FL 33624

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.

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE DP
NAME FUENTE, JR, ARTHUR O
STREET ADDRESS 5812 ARBOR WALK LANE
CITY-ST-ZIP TAMPA FL 33624 ☐ Delete

TITLE DV
NAME MOREJON, ANTHONY
STREET ADDRESS 5807 ARBOR WALK LANE
CITY-ST-ZIP TAMPA FL 33624 ☐ Delete

TITLE DT
NAME WILKINS, RONALD D
STREET ADDRESS 5814 ARBOR WALK LANE
CITY-ST-ZIP TAMPA FL 33624 ☐ Delete

TITLE DS
NAME SHAVER, CLYDE
STREET ADDRESS 10930 ARBOR RIDGE DR
CITY-ST-ZIP TAMPA FL 33624 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD D. WILKINS, TREAS

Date

Daytime Phone #

4/15/01 (727) 467-8215

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90087 037 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)