

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000001948

1. Entity Name
ARBOR RIDGE HOME OWNERS' ASSOCIATION OF
TAMPA, INC.



Principal Place of Business
5814 ARBOR WALK LANE
TAMPA, FL 33624

Mailing Address
5814 ARBOR WALK LANE
TAMPA, FL 33624



02262005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3505210

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WILKINS, RONALD D
5814 ARBOR WALK LANE
TAMPA, FL 33624

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
SHELTON, SNEAD
5803 ARBOR WALK LANE
TAMPA, FL 33624

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
TOMPKINS, RITA
10927 ARBOR RIDGE DR
TAMPA, FL 33624

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
SOLER, AILEEN G
5805 ARBOR WALK LN
TAMPA, FL 33624

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000304850
04/14/05-80053-015 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Ronald D. Wilkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RONALD D. WILKINS
TRM.

4/11/05
Date

(813) 960-1677
Daytime Phone #