


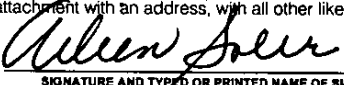


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90206 028 ****61.25

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		
2. Principal Place of Business 5805 Arbor Walk Lane		3. Mailing Address 5805 Arbor Walk Lane			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03112006 Chg-NP CR2E037 (11/05)	
City & State Tampa, Florida		City & State Tampa, Florida		4. FEI Number 59-3505210	
Zip 33624		Country Hillsborough		5. Certificate of Status Desired <input type="checkbox"/> \$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: Aileen Soler Street Address (P.O. Box Number is Not Acceptable): 5805 Arbor Walk Lane City: Tampa FL Zip Code: 33624	
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: Aileen Soler				04/22/06	
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, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	DP SHELTON, SNEAD 5803 ARBOR WALK LANE TAMPA, FL 33624 <input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WILKINS, RONALD D 5814 ARBOR WALK LANE TAMPA, FL 33624 <input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TOMPKINS, RITA 10927 ARBOR RIDGE DR TAMPA, FL 33624 <input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SOLER, AILEEN G 5805 ARBOR WALK LN TAMPA, FL 33624 <input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 		Aileen Soler		04/22/05 (813) 969-1392	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	