

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90357 039 ***150.00

DOCUMENT # P93000074559

1. Entity Name
ARBOR DEVELOPMENT, INC.



Principal Place of Business
**1818 S AUSTRIAN AVE
STE #4108
WEST PALM BEACH, FL 33409 US**

Mailing Address
**1818 S AUSTRIAN AVE
STE #4108
WEST PALM BEACH, FL 33409 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
65-0456067

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GINSBERG, VICTOR
3500 GALT OCEAN DR.
APT. 1517
FORT LAUDERDALE, FL 33308**

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. 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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **GINSBERG, FRANCES**
STREET ADDRESS **3500 GALT OCEAN DR., APT. 1517**
CITY- ST- ZIP **FORT LAUDERDALE, FL 33308**

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

TITLE **D** ☐ Delete
NAME **GINSBERG, VICTOR**
STREET ADDRESS **3500 GALT OCEAN DR., APT. 1517**
CITY- ST- ZIP **FORT LAUDERDALE, FL 33308**

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

TITLE **VD** ☐ Delete
NAME **KLIGLER, LENNARD J**
STREET ADDRESS **1810 BARTLETT CT**
CITY- ST- ZIP **W PALM BEACH, FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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

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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 607, 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

4/13/06
Date

561-687-3600
Daytime Phone #