FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000018523

ARBOR COTTAGE, INC.

FILED Mar 10, 1999 8:00 am Secretary of State 03-10-1999 90130 011 ***150.00

Albon Cottace, Inc.								
Principal Place of Business			Mailing Address				(fatilitate til tatta dette abete abete abete abete etter abete tenne tatte atten tenne ten tant	
315 - 10TH AVE	so.	315 -	315 - 10TH AVE SO					
	BEACH FL 32250		SONVILLE BEACH F	32250			DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualifed 02/26/1996 .	
2. Principal Place of Business 21 26 26 Suite, Apt. #, etc. 22 27 City & State City & State							4. FEI Number Applied For	
_		<u> </u>	···· 9				65-0658033 Not Applicable	
							\$8.75 Additional	
			27			-	5. Certificate of Status Desired Fee Required	
	e		ity & State				6. Election Campaign Financing \$5.00 May Be	
23		28					Trust Fund Contribution Added to Fees	
Zip Country			Zip Country				8. This corporation owes the current year Intangible	
24	25	29		30			Personal Property Tax.	
	9. Name and Address of Curren	t Register	red Agent		L.		10. Name and Address of New Registered Agent	
					81	Name		
BORNMILLER, JOANNA						Street A	ess (P.O. Box Number is Not Acceptable)	
1502 BIRKDALE LANE								
PONTE VEDRA BEACH FL 32082					83		,	
					84	City	FL 85 Zip Code	
		0 607	4508 Florido Ptot	utas the s		namad a	• — L	
office or r	11. Pursuant to the provisions of Sections 607,0502 and 607,1508, 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 a	m familiar with, and accept the obliga	tions of, S	ection 607.0505, F	orida Stat	utes.		•	
SIGNATURE	Signature, typed or printed name of registered agen			E. Bountores	Agen	nonahen ree	quired when reinstating) DATE	
12.	OFFICERS AN		<u> </u>	13.	Agen	Signature rec	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D		☐ DELETE	1,1 7	TLE		☐ Change ☐ Addition	
NAME	BORNMILLER, JOANNA			1.2 N	AME			
STREET ADDRESS	1502 BIRKDALE LANE			1.3 \$	REFT	ADDRESS	\ <u> </u>	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 3200	32			TY- S1	1		
TITLE	D	/	☐ DELETE	2.1 TS			Change Addition	
NAME.	BORNMILLER, WILBUR R			22 N	AME			
STREET ADDRESS	JEGG BIRKRALE LANE			2.3 5	REET	ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL 320	82		1	ITY-S	l.	and the second s	
TITLE	1 011/2 12/11/12/11/19		☐ DELETE	3.1 TI			☐ Change ☐ Addition	
NAME				3.2 N	AME			
STREET ADDRESS				3.3 S	REFT	ADDRESS		
CITY-ST-ZIP					ITY-S	J		
TITLE			☐ DELETE	4.1 TI			☐ Change ☐ Addition	
NAME				4. 2 N	AME			
STREET ADDRESS						ADORESS		
CITY-ST-ZIP				1	TY-51			
TITLE			☐ DELETE	5.1 TI			☐ Change ☐ Addition	
NAME			-	5.2 N		-		
STREET ADDRESS				5.3 S	REET	ADDRESS		
CITY-ST-ZIP				5.4 C	TY-S1	r-ZIP		
TITLE			☐ DELETE	6.1 Ti	ΠĒ	1	☐ Change ☐ Addition	
NAME				6.2 N	AME			
	I.							
STREET ADDRESS				6.3 S	TREET	ADDRESS	ļ	
STREET ADDRESS CITY-ST-ZIP				•	TREET	ļ		

14. 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 607, 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.