

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003347

Entity Name: THE ARBORS VILLAGE ASSOCIATION, INC.**Current Principal Place of Business:**1111 SE FEDERAL HIGHWAY
SUITE 100
STUART, FL 34994**Current Mailing Address:**1111 SE FEDERAL HIGHWAY
SUITE 100
STUART, FL 34994**FEI Number:** 65-0569420**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROSS EARLE & BONAN, PA
789 S FEDERAL HIGHWAY
SUITE 101
STUART, FL 34994 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	SLACK, PHILIP
Address	1111 SE FEDERAL HIGHWAY SUITE 100
City-State-Zip:	STUART FL 34994

Title	SECRETARY
Name	LEPORE, THOMAS
Address	1111 SE FEDERAL HIGHWAY SUITE 100
City-State-Zip:	STUART FL 34994

Title	TREASURER
Name	VANDERLIP, HANS
Address	1111 SE FEDERAL HIGHWAY SUITE 100
City-State-Zip:	STUART FL 34994

Title	VP
Name	VALENTINE, ANDREW
Address	1111 SE FEDERAL HIGHWAY SUITE 100
City-State-Zip:	STUART FL 34994

Title	DIRECTOR
Name	MAIMONI, ROBERT
Address	1111 SE FEDERAL HIGHWAY SUITE 100
City-State-Zip:	STUART FL 34994

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PHILIP SLACK**PRESIDENT****04/03/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date