

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N98000005520

**Entity Name:** ARBOR GREENE OF NEW TAMPA HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

6014 US HWY 19 N  
STE 100  
NEW PORT RICHEY, FL 34652

**Current Mailing Address:**

6014 US HWY 19 N  
STE 100  
NEW PORT RICHEY, FL 34652 US

**FEI Number:** 59-3537771

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KELLEY, HELEN  
6014 US HWY 19 N  
STE 100  
NEW PORT RICHEY, FL 34652 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:** HELEN KELLEY

06/28/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            DERBY, SCOTT  
Address        6014 US HWY 19 N  
                  STE 100  
City-State-Zip: NEW PORT RICHEY FL 34652

Title            VP  
Name            DE LA HOZ, HENRY  
Address        6014 US HWY 19 N  
                  STE 100  
City-State-Zip: NEW PORT RICHEY FL 34652

Title            SECRETARY  
Name            KERRIGAN, KEVIN  
Address        6014 US HWY 19 N  
                  STE 100  
City-State-Zip: NEW PORT RICHEY FL 34652

Title            TREASURER  
Name            BLANK, JEFFREY  
Address        6014 US HWY 19 N  
                  STE 100  
City-State-Zip: NEW PORT RICHEY FL 34652

Title            DIRECTOR  
Name            BOUCHER , PAUL  
Address        6014 US HWY 19 N  
                  STE 100  
City-State-Zip: NEW PORT RICHEY FL 34652

Title            DIRECTOR  
Name            VALLAMPATLA, SRIDHAR  
Address        6014 US HWY 19 N  
                  STE 100  
City-State-Zip: NEW PORT RICHEY FL 34652

Title            DIRECTOR  
Name            LEVY, ALEX  
Address        6014 US HWY 19 N  
                  STE 100  
City-State-Zip: NEW PORT RICHEY FL 34652

*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:** KEVIN KERRIGAN

**SECRETARY**

06/28/2018

