

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005520

Entity Name: ARBOR GREENE OF NEW TAMPA HOMEOWNERS ASSOCIATION, INC.**FILED**
Apr 06, 2016
Secretary of State
CC7264411572**Current Principal Place of Business:**4131 GUNN HIGHWAY
TAMPA, FL 33618**Current Mailing Address:**4131 GUNN HIGHWAY
TAMPA, FL 33618**FEI Number: 59-3537771****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BUCHANAN INGERSOLL & ROONEY
501 E. KENNEDY BLVD
SUITE 1700
TAMPA, FL 33602 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: JOSHUA SMITH****04/06/2016**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** PD
Name BOUCHER, PAUL
Address 4131 GUNN HIGHWAY
City-State-Zip: TAMPA FL 33618**Title** D
Name BOUCHER, HALLY
Address 4131 GUNN HIGHWAY
City-State-Zip: TAMPA FL 33618**Title** TD
Name KONICEK, MIKE
Address 4131 GUNN HIGHWAY
City-State-Zip: TAMPA FL 33618**Title** SD
Name TODD, ERIK
Address 4131 GUNN HIGHWAY
City-State-Zip: TAMPA FL 33618**Title** VPD
Name RAMON, ED
Address 4131 GUNN HIGHWAY
City-State-Zip: TAMPA FL 33618**Title** D
Name JACKSON, BETTY
Address 4131 GUNN HIGHWAY
City-State-Zip: TAMPA FL 33618**Title** D
Name LEVY, ALEX
Address 4131 GUNN HIGHWAY
City-State-Zip: TAMPA FL 33618

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: PAUL BOUCHER**P****04/06/2016**

Electronic Signature of Signing Officer/Director Detail

Date