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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

N9400005967 (4) DOCUMENT # 1. Corporation Name

VOA ARBOR APARTMENTS, INC.

FILED May 28 1997 8:00am Secretary of State



Principal Place	e of Business	Mailing Address			
402 REO ST TAMPA FL 33609		402 REO ST TAMPA FL 33609-1058			
					3. Date Incorporated or Qualified 3a. Date of Last Report 04/04/1996
2. Principal Pl	ace of Business	2a. Mailing Address 26			4. FEI Number 72-1283222 Applied For Not Applicable
Suite, Apt. (Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip □ □	Country	Zip	 	untry	8. This corporation has liability for intangible tax under s. 199.032,
24	[25]	29	30	r	Florida Statutes Yes No
	9. Name and Address of Curre	int Hegistered Agent		81 Name	10. Name and Address of New Registered Agent
	A 1/4 T 1 T T T T T T T T T T T T T T T T T			81 Name	
	, s katherine Ennedy blyd			82 Street	Address (P.O. Box Number is Not Acceptable)
TAMPA F				63	
	•			84 City	BS Zip Code
11. Pursuant to	to the provisions of Sections 617.05	02 and 617.1508. Florida Stat	utes, the a	bove-named	cornoration submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the Stat	e of Florida. Such change wa	s authorize	d by the cor	poration's board of directors. I hereby accept the appointment as registered
agent, i ar	m familiar with, and accept the obli	gations of, Section 617.0503, i	Florida Stat	tutes.	
SIGNATURE _					
SIGNATURE _	Signature, typed or printed name of registered ag	gent and title if applicable. (N	OTE: Registere		required when reinstating) DATE
SIGNATURE	Signature, typed or printed name of registered at OFFICERS At	gent and title if applicable. (N	OTE: Registere	id Agent signaturi	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE	Signature, typed or printed name of registered at OFFICERS AI	gent and title if applicable. (N	OTE: Registere 13.	id Agent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 C / D Addition
SIGNATURE	Signature, typed or pointed name of registered as OFFICERS AI PD SPEARMAN, KATHRYN E	gent and title if applicable. (N	OTE: Registere 13. 1.1 Ti	id Agent signaturi ITLE IAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 C / D Jim Ruyle
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or pointed name of registered as OFFICERS AT PD SPEARMAN, KATHRYN E 402 REO ST SUITE 105	gent and title if applicable. (N	13. 1.1 Ti 1.2 N 1.3 S	id Agent Eignature ITLE IAME TREET ADDRESS	C /D Jim Ruyle 402 N. Reo St., Ste. 105
SIGNATURE	Signature, typed or ponted name of registered as OFFICERS AI PD SPEARMAN, KATHRYN E 402 REO ST SUITE 105 TAMPA FL 33609	gent and title if applicable. (N ND DIRECTORS 50 DELETE	13. 1.1 TI 1.2 N. 1.3 Si 1.4 Ci	id Agent Eignature ITLE IAME TREET ADDRESS ITY-ST-ZIP	C /D Jim Ruyle 402 N. Reo St., Ste. 105 Tampa, FL. 33609
SIGNATURE	Signature, typed or ponted name of registered as OFFICERS AI PD SPEARMAN, KATHRYN E 402 REO ST SUITE 105 TAMPA FL 33609 VD	gent and title if applicable. (N	13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI	id Agent eignaturi ITLE IAME TREET ADDRESS ITY-ST-ZIP ITLE	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 C / D Jim Ruyle 402 N. Reo St., Ste. 105 Tampa, FL. 33609 VC/S/D DATE Addition DATE Addition Addition
SIGNATURE	OFFICERS AI PD SPEARMAN, KATHRYN E 402 REO ST SUITE 105 TAMPA FL 33609 VD RATCLIFF, MARGARET	gent and title if applicable. (N ND DIRECTORS 50 DELETE	DTE: Registere 13. 1.1 TI 1.2 N. 1.3 Si 1.4 Ci 2.1 Ti 2.2 N.	ITLE IAME TREET ADDRESS ITY-ST-ZIP ITLE IAME	required when renstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 C / D
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I am an officer or director of the cappears in Block 12 or Block 13 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name

SIGNATURE: