

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 27, 1999 8:00 am**  
**Secretary of State**

05-27-1999 90004 007 \*\*\*\*61.25

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**DOCUMENT # N94000005967**

1. Corporation Name

VOA ARBOR APARTMENTS, INC.

Principal Place of Business

402 REO ST  
TAMPA FL 33609

Mailing Address

402 REO ST  
TAMPA FL 33609



565481 - 90004 - 8 1 \*

2. Principal Place of Business

21 **Arbor Place Apartments**

Suite, Apt. #, etc.

22 **1915 131st Ave., #116**

City & State

23 **Tampa, FL**

Zip

24 **33612**

Country

25 **Hillsborough**

2a. Mailing Address

26 **Volunteers of America of Florida**

Suite, Apt. #, etc.

27 **402 N. Reo St., Ste. 105**

City & State

28 **Tampa, FL**

Zip

29 **33609**

Country

30 **Hillsborough**

3. Date Incorporated or Qualified

**12/06/1994**

4. FEI Number

**72-1283222**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**FRAZIER, S KATHERINE**  
**101 E KENNEDY BLVD**  
**TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CD** ☐ DELETE

NAME **RUYLE, JIM**

STREET ADDRESS **402 REO ST SUITE 105**

CITY-ST-ZIP **TAMPA FL**

TITLE **VC** ☐ DELETE

NAME **MORINA, MICHAEL**

STREET ADDRESS **402 N REO ST., STE. 105**

CITY-ST-ZIP **TAMPA FL**

TITLE **PD** ☐ DELETE

NAME **SPEARMAN, KETHRYN E**

STREET ADDRESS **402 E. REO ST., STE. 105**

CITY-ST-ZIP **TAMPA FL**

TITLE **SD** ☐ DELETE

NAME **EBERHART, CATHY**

STREET ADDRESS **402 REO ST, SUITE 105**

CITY-ST-ZIP **TAMPA FL 33609**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 617, 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.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)