

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90056 012 \*\*\*\*61.25

**DOCUMENT # N0100006220**  
 1. Entity Name  
**ARBOR GREEN AT DEER CREEK HOMEOWNERS' ASSOCIATION, INC.**



**40005763**



Principal Place of Business  
 2345 W. HILLSBORO BLVD  
 SUITE 101  
 DEERFIELD BEACH, FL 33442

Mailing Address  
 2345 W. HILLSBORO BLVD  
 SUITE 101  
 DEERFIELD BEACH, FL 33442

2. Principal Place of Business - No P.O. Box #205  
**1750 University Dr**

3. Mailing Address  
**1750 University Dr**

Suite, Apt. #, etc.  
**205**

01072007 Chg-NP CR2E037 (12/06)

City & State  
**Coconut Springs FL**

City & State  
**Coconut Springs FL**

Zip  
**33071**

Country  
**USA**

Zip  
**33071**

Country  
**USA**

4. FEI Number  
**75-3046759**

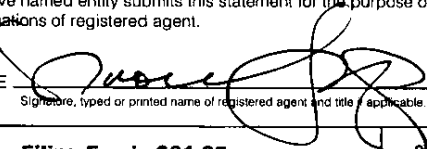
Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**RUSSELL, RICHARD S ESQ**  
**2263 NW 2 AVE, STE 104**  
**BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent  
 Name  
**HWIFT Management Solutions**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1750 University Dr #205**  
 City  
**Coconut Springs FL** Zip Code  
**33071**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **1/15/07**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2007**

Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD LA RUSSA, ANTHONY 2984 DEER CREEK COUNTRY CLUB BLVD. DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANGLOIS, VICKI 2984 DEERCREEK COUNTRY CLUB BLVD DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JACKSON, KATHERINE 2946 DEER CREEK COUNTRY CLUB BLVD. DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **1/15/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #