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NONPROFIT CORPORATION ANNUAL REPORT
**1999**

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

## DOCUMENT # 740578

1. Corporation Name

ARBOR GREEN HOMEOWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2855 UNIVERSITY DRIVE<br>STE 410<br>CORAL SPRINGS FL 33065<br>US | P. O. BOX 8828<br>CORAL SPRINGS FL 33075<br>US |

| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
|---|---|---|
| 21 — | 26 — | 10/18/1977 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. | 4. FEI Number 59-1902734 ☐ Applied For ☐ Not Applicable |
| 23 City & State | 28 City & State | 5. Certificate of Status Desired ☐ $8.75 Additional Fee Required |
| 24 Zip 25 Country | 29 Zip 30 Country | 6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| KREILING, EDWARD MR.<br>2500 WESTERN RD<br>STE 220<br>FT. LAUDERDALE FL 33331 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>BARBELLA, JOSEPH<br>1541 E. SANDPIPER CIRCLE<br>PEMBROKE LAKES FL | ☒ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | PD D<br>Peter Koshik<br>1600 W. Sandpiper Cr.<br>Pembroke Pines FL 33026 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>GOLTZMAN, LINDA<br>1351 E. SANDPIPER CIRCLE<br>PEMBROKE PINES FL | ☒ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | VP D<br>-Sheila Brown<br>1621 E. Sandpiper Cr.<br>Pembroke Pines Fl. 33026 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>WOODS, PATRICIA<br>1601 E. SANDPIPER CIRCLE<br>PEMBROKE PINES FL | ☒ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | Sec. D<br>Joan Johnston<br>1621 W. Sandpiper Cr.<br>Pembroke Pines Fl. 33026 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>RICKMAN, BERNARD G.<br>1510 FLAMINGO CT.<br>PEMBROKE PINES FL | ☒ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | Treas. D<br>Roger Neal<br>1441 E. Sandpiper Cr.<br>Pembroke Pines Fl. 33026 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>KAGAN, SHERRY<br>1601 WEST SANDPIPER CIRCLE<br>PEMBROKE PINES FL | ☒ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (11/98)

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.

954-435-9222

**SIGNATURE:** Roger SIGNATURE REQUIRED 6-march-1999 954-971-3655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #