


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90041 028 ****61.25

DOCUMENT # N21903 1. Entity Name ARBOR RIDGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 479 ARBOR RIDGE LAND TITUSVILLE, FL 32780			Mailing Address P. O. BOX 5802 TITUSVILLE, FL 32783 US		
2. Principal Place of Business - No P.O. Box # 516 Arbor Ridge Ln		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Titusville, FL		City & State		4. FEI Number 59-2780079	
Zip 32780		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PALLAY, JOSEPH P 479 ARBOR RIDGE LANE TITUSVILLE, FL 32780			7. Name and Address of New Registered Agent Name Richard Turner Street Address (P.O. Box Number is Not Acceptable) 516 Arbor Ridge Ln City Titusville FL Zip Code 32780		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P PALLAY, JOSEPH P 479 ARBOR RIDGE LANE TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Richard Turner 516 Arbor Ridge Ln Titusville FL 32780	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDSEY, JAMES 506 ARBOR RIDGE LN. TITUSVILLE, FL 32780	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Bill Blackwell 524 Arbor Ridge Ln Titusville FL 32780	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DECKER, ROSEMARY 486 ARBOR RIDGE LANE TITUSVILLE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Patricia Beck 518 Arbor Ridge Ln Titusville FL 32780	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LARNEY, JEAN 485 ARBOR RIDGE LN TITUSVILLE, FL 32780	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Jean Larney 482 Arbor Ridge Ln Titusville FL 32780	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOON, BETH 474 DAVEY LANE TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Muriel Springer 455 Arbor Ridge Ln Titusville FL 32780	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SOCKS, ROBERT 493 ARBOR RIDGE LN TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Charles Grimm 517 Arbor Ridge Ln Titusville FL 32780	<input type="checkbox"/> Change <input checked="" 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-17-08 521-3852163 <small>Date Daytime Phone #</small>		

ATTACHMENT
ATTACHMENT

50000946

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ARBOR RIDGE HOMEOWNERS ASSOCIATION, INC.

additions to box 10

D

Jeff Cashon

485 L M Davey Ln

Titusville, FL 32780

D

Robert Schneider

481 L M Davey Ln

Titusville, FL 32780