

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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|--|---|--|--|---|--|
| DOCUMENT # N41145 1. Entity Name ARBOR GLEN AT TUSCAWILLA HOMEOWNERS' ASSOCIATION, INC. | | | | | |
| Principal Place of Business 266 WILSHIRE BLVD, STE 110 CASSELBERRY, FL 32707 | | | | Mailing Address 266 WILSHIRE BLVD, STE 110 CASSELBERRY, FL 32707 <i>See below</i> | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | <div style="background-color: black; width: 100%; height: 100px; margin-bottom: 10px;"></div> <div> 01112008 Chg-NP CR2E037 (12/06) 4. FEI Number 59-3034018 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required </div> | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent FOWLER, KIMBERLY 266 WILSHIRE BLVD, STE 110 CASSELBERRY, FL 32707 <i>Margarita Martinez</i> <i>1127 Arbor Glen Cir</i> <i>Winter Springs, FL 32708</i> | | | | 7. Name and Address of New Registered Agent Name Margarita Martinez Street Address (P.O. Box Number is Not Acceptable) 1127 Arbor Glen Circle City Winter Springs FL Zip Code 32708 | |
| 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 remaining) DATE</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 | PD <i>President</i> MARTINEZ, MARGARITA 1127 ARBOR GLEN CIR WINTER SPRINGS, FL 32708 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Samuel Hobbs <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1110 Arbor Glen Cir (Secretary) Winter Springs, FL 32708 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD MARUSKA, HERBERT P 1114 ARBOR GLEN CIRCLE WINTER SPRINGS, FL 32708 <input checked="" 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 <i>Treasurer</i> DAKEL, JAN 1125 ARBOR GLEN CIRCLE WINTER SPRINGS, FL 32708 <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 | TD <i>Vice President</i> TRAVIESO, DION 1147 ARBOR GLEN CIRCLE WINTER SPRINGS, FL 32708 <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 | D <i>Director</i> GERVAIS, MARK 1118 ARBOR GLEN CIRCLE WINTER SPRINGS, FL 32708 <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 <div style="font-size: 2em; font-family: cursive;">B 6/3/08</div> | | |
| 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: <i>Margarita Martinez</i> 4/7/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |