2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# N41145

Entity Name: ARBOR GLEN AT TUSCAWILLA HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1127 ARBOR GLEN CIRCLE
WINTER SPRINGS, FL 32708

New Principal Place of Business:

Current Mailing Address:

1127 ARBOR GLEN CIRCLE
WINTER SPRINGS, FL 32708

New Mailing Address:

FEI Number: 59-3034018 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTINEZ, MARGARITA
1127 ARBOR GLEN CIRCLE
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	MARTINEZ, MARGARITA	
Address:	1127 ARBOR GLEN CIR	
City-St-Zip:	WINTER SPRINGS, FL 32708	
Title:	S	( ) Delete
Name:	HOBBS, SAMUEL	
Address:	1110 ARBOR GLEN CIRCLE	
City-St-Zip:	WINTER SPRINGS, FL 32708	
Title:	SDT	( ) Delete
Name:	DAKEL, JAN	
Address:	1125 ARBOR GLEN CIRCLE	
City-St-Zip:	WINTER SPRINGS, FL 32708	
Title:	TDV	( ) Delete
Name:	TRAVIESO, DION	
Address:	1147 ARBOR GLEN CIRCLE	
City-St-Zip:	WINTER SPRINGS, FL 32708	
Title:	D	( ) Delete
Name:	GERVAIS, MARK	
Address:	1118 ARBOR GLEN CIRCLE	
City-St-Zip:	WINTER SPRINGS, FL 32708	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARITA MARTINEZ PRES 02/17/2009

Electronic Signature of Signing Officer or Director — Date