2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000002062

FILED Apr 30, 2003 Secretary of State

Entity Name: ARBOR CREEK HOMEOWNERS' ASSOCIATION, INC.

Current P	rincipal Place of Business:	New Principal Place	of Business:	
	CONSIN LANE FA, FL 34239			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
1740 WISCONSIN LANE SARASOTA, FL 34239		2307 9TH STREET EAST BRADENTON, FL 34208		
El Number	: 01-0591192 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of Current Registered Agent:	Name and Address o	f New Registered Agent:	
1740 WISC SARASOT The above	, GILBERT CONSIN LANE FA, FL 34239 e named entity submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
1740 WISC SARASOT The above n the State	CONSIN LANE FA, FL 34239 e named entity submits this statement for the e of Florida.	purpose of changing its registered	d office or registered agent, or both,	
1740 WISC SARASOT The above	CONSIN LANE FA, FL 34239 e named entity submits this statement for the e of Florida.		d office or registered agent, or both, Date	
1740 WISC SARASOT The above n the State SIGNATUR	CONSIN LANE FA, FL 34239 e named entity submits this statement for the e of Florida. RE:	gent		
1740 WISC SARASOT The above n the State SIGNATUR	CONSIN LANE FA, FL 34239 e named entity submits this statement for the e of Florida. RE: Electronic Signature of Registered Ac	gent	Date	
1740 WISC SARASOT The above In the State BIGNATUR DFFICERS Title: Name: Address:	CONSIN LANE FA, FL 34239 e named entity submits this statement for the e of Florida. RE: Electronic Signature of Registered Acts S AND DIRECTORS: D () Delete WATERS, GILBERT 1740 WISCONSIN LANE	gent ADDITIONS/CHANGI Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GILBERT WATERS D 04/30/2003