

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 26, 2006
Secretary of State

DOCUMENT# 752981

Entity Name: ARBORWOOD VILLAS HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**P.O. BOX 970878
BOCA RATON, FL 334970878 US**New Principal Place of Business:**2200 NORTH FEDERAL HIGHWAY
212
BOCA RATON, FL 33431 US**Current Mailing Address:**P.O. BOX 970878
BOCA RATON, FL 334970878 US**New Mailing Address:**2200 NORTH FEDERAL HIGHWAY
212
BOCA RATON, FL 33431 US**FEI Number:** 59-2071683**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SCHNEID, DAVID J P.A.
6901 SOUTHWEST 18TH STREET
SUITE E105
BOCA ROATON, FL 33433 US**Name and Address of New Registered Agent:**PLAZURE, LENNIE
2200 NORTH FEDERAL HIGHWAY
SUITE 212
BOCA RATON, FL 33431 US

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: LENNIE PLAZURE

04/26/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: T () Delete
Name: JARET, IRVING
Address: 8963 OLD PINE WY
City-St-Zip: BOCA RATON, FL 33433Title: P () Delete
Name: AZRARELLA, JILL
Address: 8971 OLD PINE WY
City-St-Zip: BOCA RATON, FL 33433Title: VP () Delete
Name: KRAVIS, STUART
Address: 8943 OLD PINE RD
City-St-Zip: BOCA RATON, FL 33433Title: D () Delete
Name: KAUFMAN, ADRIAN
Address: 8959 OLD PINE WAY
City-St-Zip: BOCA RATON, FL 33433Title: S () Delete
Name: BADER, KAREN
Address: 8980 OLD PINE WAY
City-St-Zip: BOCA RATON, FL 33433Title: S () Delete
Name: PRASAVSKI, MICHAEL
Address: 8931 OLD PINE RD
City-St-Zip: BOCA RATON, FL 33433**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
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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 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: IRVING JARET

T

04/26/2006

Electronic Signature of Signing Officer or Director

Date