2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

FILED Jan 14, 2008 8:00 am Secretary of State

Second Country Seco	1. Entity Nam	MENT # 764130 ARBOR OWNERS' ASSOCIA	.	4-2008 90083 045 ***				
Suite, Apt. 4, etc. Suite, Apt. 6, etc. Suite, Ap	1074 FIFTH AVENUE P.O. BOX 1174			5174 US				
Suite, Apr. 4, etc. Suite, Apr. 4, etc. Suite Suite, Apr. 4, etc. Suite Aprolect For Sp2341711 Aprolect For Sp2341711 Aprolect For Sp2341711 Nava Appoint To Nava Appoint To Nava App								
Shell Country 20 Country 20 Country 20 Country 5. Certificate of Status Desired 5.8.75 Addotroal Fee Procursed 3.5.75 Addotroal Fee Procursed 7. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01092008 Chg-NP	CR2E037 (12/06)		
S. Hame and Address of Current Registered Agent S. Centilicate of Status Desired Security S	l ' ' '		City & State			├	pplied For lot Applicable	
FILING FOR IS 61.25 Due by May 1, 2008 The ADDITIONS OFFICERS AND DIRECTORS THE ADDRESS OFFI-ST-PP SHALIMAR, FL 32579 THE TOTAL THAN AVE SHEFT ADDRESS OFFI-ST-PP SHALIMAR, FL 32579 THE SID JOHNS, LORRIE SHEFT ADDRESS OFFI-ST-PP SHALIMAR, FL 32579 THE NAME SHEET ADDRESS OFFI-ST-PP SHALIMAR FL 32579 THE NAME SHALIMAR FL 32579	Zip Country		Zip	Zip Country		esired ☐ \$8.75 Ac	Iditional	
PURCELL, VIRGINIA G 1074 5TH AVENUE SHALIMAR, FL 32579 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 accomplete the obligations of registered agent. SIGNATURE Filling Fee to \$61.25 Due by May 1, 2008 9. Election Campaign Financing Agent a required Amenina required Amenination (COTTE Required Agent a required Amenination) 10. OFFICERS AND DIRECTORS IN 10. 10. OFFICE	5 0 0 7	6. Name and Address of Current F	Registered Agent		7. Name and Address of			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent. SIGNATURE	PURCELL, VIRGINIA G 1074 5TH AVENUE Street Address (P.O. Box Number is Not Acceptable) SHALIMAR, FL 32579 1019 44 Avenue City							
Due by May 1, 2008	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.							
TITLE NAME COTHERN, BEN COTHERN, BEN CITY-ST-ZIP SHALIMAR, FL 32579 TITLE NAME HEARD, JACQUELINE SHEET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SHALIMAR, FL 32579 TITLE NAME JOHNS, LORRIE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP SHALIMAR, FL 32579 TITLE NAME JOHNS, LORRIE STREET ADDRESS CITY-ST-ZIP SHALIMAR, FL 32579 TITLE VD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SHALIMAR, FL 32579 TITLE NAME STREET ADDRESS CITY-ST-ZIP CI		•			\$5.00 May Be Added to Fees			
MAME STREET ADDRESS	10.	,	ECTORS					
NAME STREET ADDRESS 1017 4TH AVE STREET ADDRESS 1017 4TH AVE STREET ADDRESS SHALIMAR, FL 32579 TITLE SD JOHNS, LORRIE NAME JOHNS, LORRIE NAME STREET ADDRESS 1080 5TH AVE STREET ADDRESS CITY-ST-ZIP TITLE VD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP Sh = L[m = p = m = m = m = m = m = m = m = m =	NAME STREET ADDRESS	COTHERN, BEN 1019 4TH AVE	☐ Delete	NAME STREET ADDRESS)	Æ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE VD NAME RETZLAFF, DOROTHY STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP SM	NAME STREET ADDRESS	HEARD, JACQUELINE 1017 4TH AVE	Delete	name Street address		☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP SHALIMAR, FL 32579 TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP SM	name Street adoress	JOHNS, LORRIE 1080 5TH AVE	☐ Delete	NAME STREET ADDRESS		☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 direct of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 1 changed, or on an attachment with an address, with all effect like empowered.	NAME STREET ADDRESS	RETZLAFF, DOROTHY 1047 10TH ST.	□ Delete	NAME STREET ADDRESS		☐ Change	Addition	
12. I hereby certify that the information supplied with this filling 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 direct 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 1 changed, or on an attachment with an address, with all effect the empowered.	NAME STREET ADDRESS		☐ Delete	NAME 121 c STREET ADDRESS 6 8	TO MINTH ST	HAE FFER T	Addition	
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 direct of the corporation or the receiver for trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 1 changed, or on an attachment with an address, with all effect the empowered.	name Street address		☐ Delete	TITLE DIFFERENCE VIEW STREET ADDRESS (o 4 CITY-ST-ZIP SH 2	quain Mills q Teath St	☐ Change	<u>Æ</u> Addition	
SIGNATURE: 1-9-2-00 8 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone 4								