

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765670

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: ARBOR OAKS HOMEOWNERS' ASSOCIATION, INC.

## Current Principal Place of Business:

31 OAKWOOD PARK  
ORMOND BEACH, FL 32174

## New Principal Place of Business:

313 SOUTH ATLANTIC AVE  
DAYTONA BEACH, FL 32118

## Current Mailing Address:

31 OAKWOOD PARK  
ORMOND BEACH, FL 32174

## New Mailing Address:

P. O. BOX 2749  
DAYTONA BEACH, FL 32115

FEI Number: 59-2542531

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FARIS, SHERYL T  
C/O NORTH SHORE MGMT GROUP  
533 N NOVA RD STE 211  
ORMOND BEACH, FL 32174 US

## Name and Address of New Registered Agent:

FARIS, SHERYL T  
C/O NORTH SHORE MGMT GROUP  
P. O. BOX 2749  
DAYTONA BEACH, FL 32115 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:

04/29/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PAGAN, LAURA  
Address: 10 OAKWOOD PARK  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete  
Name: LEVERING, ROSE  
Address: 42 ORCHARD LANE  
City-St-Zip: ORMOND BEACH, FL 32176

Title: VD ( ) Delete  
Name: FULLER, JENNIFER  
Address: 8 OAKWOOD PARK  
City-St-Zip: ORMOND BEACH, FL 32174

Title: STD (X) Delete  
Name: MULLEN, JUDITH  
Address: 9 OAKWOOD PARK  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D (X) Delete  
Name: WILBERT, ANDREW  
Address: 23 OAKWOOD PARK  
City-St-Zip: ORMOND BEACH, FL 32174

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change ( ) Addition  
Name: PAGAN, LAURA  
Address: 10 OAKWOOD PARK  
City-St-Zip: ORMOND BEACH, FL 32174

Title: VPD (X) Change ( ) Addition  
Name: LEVERING, ROSE  
Address: 42 ORCHARD LANE  
City-St-Zip: ORMOND BEACH, FL 32176

Title: PD (X) Change ( ) Addition  
Name: FULLER, JENNIFER  
Address: 8 OAKWOOD PARK  
City-St-Zip: ORMOND BEACH, FL 32174

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: JENNIFER FULLER

PD

04/29/2008

Electronic Signature of Signing Officer or Director

Date