

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765670

FILED
Mar 12, 2009
Secretary of State

Entity Name: ARBOR OAKS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

313 SOUTH ATLANTIC AVE
DAYTONA BEACH, FL 32118

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 2749
DAYTONA BEACH, FL 32115

New Mailing Address:

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
P. O. BOX 2749
DAYTONA BEACH, FL 32115 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: STD () Delete
Name: PAGAN, LAURA
Address: 10 OAKWOOD PARK
City-St-Zip: ORMOND BEACH, FL 32174

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

P

03/12/2009

Electronic Signature of Signing Officer or Director

Date