## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#765670** 

FILED Mar 04, 2010 Secretary of State

Entity Name: ARBOR OAKS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

313 SOUTH ATLANTIC AVE 533 N. NOVA ROAD DAYTONA BEACH, FL 32118

SUITE 215A

ORMOND BEACH, FL 32174

**Current Mailing Address: New Mailing Address:** 

533 N. NOVA ROAD P. O. BOX 2749

SUITE 215A DAYTONA BEACH, FL 32115

ORMOND BEACH, FL 32174

FEI Number: 59-2542531 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FARIS, SHERYL T LOWE, SHERYL T C/O NORTH SHORE MGMT GROUP 533 N. NOVA ROAD P. O. BOX 2749 SUITE 215A

DAYTONA BEACH, FL 32115 US ORMOND BEACH, FL 32174 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: SHERYL TERESA LOWE 03/04/2010

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

PAGAN, LAURA Name: Address: 10 OAKWOOD PARK City-St-Zip: ORMOND BEACH, FL 32174

Title:

Name: LEVERING, ROSE Address: 42 ORCHARD LANE

City-St-Zip: ORMOND BEACH, FL 32176

Title:

FULLER, JENNIFER Name: Address: 8 OAKWOOD PARK City-St-Zip: ORMOND BEACH, FL 32174

Title:

LINGLE, WEBB Name: Address: 24 OAKWOOD PARK City-St-Zip: ORMOND BEACH, FL 32174

I hereby 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 all other like empowered.

SIGNATURE: JENNIFER FULLER Ρ 03/04/2010