

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002647

FILED
Mar 24, 2009
Secretary of State

Entity Name: ARBOR RIDGE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

225 S. WESTMONTE DR
#3310
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

PO BOX 162147
ALTAMONTE SPRINGS, FL 327162147

New Mailing Address:

FEI Number: 59-3644398

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PFAUSER, MARGO A
225 SOUTH WESTMONTE DR., STE. 3310
ALTAMONTE SPRINGS, FL 32714 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: P () Delete
Name: MCCURDY, CHRIS
Address: 5337 MILLENIA LAKES BLVD, SUITE 160
City-St-Zip: ORLANDO, FL 32839

Title: V () Delete
Name: MUSSELWHITE, VIRGINIA
Address: 5337 MILLENIA LAKES BLVD, SUITE 160
City-St-Zip: ORLANDO, FL 32839

Title: S () Delete
Name: ALVERSON, TAMMY
Address: 5337 MILLENIA LAKES BLVD, SUITE 160
City-St-Zip: ORLANDO, FL 32839

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BROADBENT, GARY
Address: 3132 LINDERA DR
City-St-Zip: DELTONA, FL 32725

Title: V (X) Change () Addition
Name: TAYLOR, PETER
Address: 3087 TWINLEAF AVE
City-St-Zip: DELTONA, FL 32725

Title: ST (X) Change () Addition
Name: DONAHUE, JUDITH
Address: 3146 RED BERRY CT
City-St-Zip: DELTONA, FL 32725

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: GARY BROADBENT

P

03/24/2009

Electronic Signature of Signing Officer or Director

Date