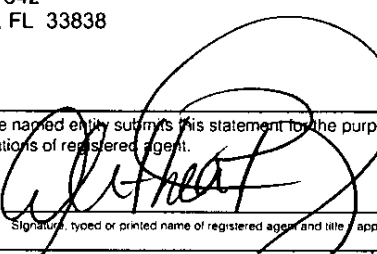
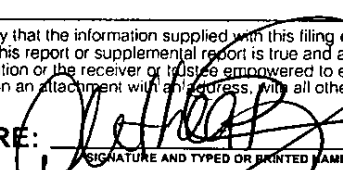


FILED  
Aug 04, 2006 8:00 am  
Secretary of State

05-02-2006 90164 003 \*\*\*\*61.25

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                         |                                                                                                                                                                                                                              |                                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # N01000000683</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                         |                                                                                                                                             |                                                                                                                                                                       |
| 1. Entity Name<br>ARLINGTON HEIGHTS HOMEOWNERS ASSOCIATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                         |                                                                                                                                                                                                                              |                                                                                                                                                                       |
| Principal Place of Business<br>310 HWY 542<br>DUNDEE, FL 33838                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                         | Mailing Address<br>310 HWY 542<br>DUNDEE, FL 33838                                                                                                                                                                           |                                                                                                                                                                       |
| 2. Principal Place of Business<br><b>P.O. Box 5137</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                         | 3. Mailing Address                                                                                                                                                                                                           |                                                                                                                                                                       |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                         | Suite, Apt. #, etc.                                                                                                                                                                                                          |                                                                                                                                                                       |
| City & State<br><b>Haines City, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                         | City & State                                                                                                                                                                                                                 |                                                                                                                                                                       |
| Zip<br><b>33845</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country<br><b>USA</b>                                                                                   | Zip                                                                                                                                                                                                                          | Country                                                                                                                                                               |
| 4. FEI Number<br><b>20-4774791</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                         | Applied For<br>Not Applicable                                                                                                                                                                                                |                                                                                                                                                                       |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                         | \$8.75 Additional Fee Required                                                                                                                                                                                               |                                                                                                                                                                       |
| 6. Name and Address of Current Registered Agent<br><br>MEADOWS, WAYMON E<br>310 HWY 542<br>DUNDEE, FL 33838                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                         | 7. Name and Address of New Registered Agent<br>Name<br><b>Alethea Pugh</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><br><b>204 Arlington Loop</b><br>City<br><b>Haines City, FL</b> Zip Code<br><b>33844</b> |                                                                                                                                                                       |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                         |                                                                                                                                                                                                                              |                                                                                                                                                                       |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                         | Alethea Pugh 4-28-06<br>(NOTE: Registered Agent signature required when reinstating)                                                                                                                                         |                                                                                                                                                                       |
| Filing Fee is \$61.25<br>Due by September 6, 2006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                         | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                                                              |                                                                                                                                                                       |
| Make check payable to<br>Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                         |                                                                                                                                                                                                                              |                                                                                                                                                                       |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                                                        |                                                                                                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PD<br>Meadows, Waymon E.<br>310 Hwy. 542<br>Dundee, FL 33838 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                               | President<br>Fuerstenau, Dennis<br>285 Arlington Loop<br>Haines City, FL 33844 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SD<br>Meadows, Julie B<br>310 Hwy. 542<br>Dundee, FL 33838 <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                               | Vice President<br>Pugh, Alethea<br>204 Arlington Loop<br>Haines City, FL 33844 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TP<br>Valentine, Jamie<br>310 Hwy. 542<br>Dundee, FL 33838 <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                               | Secretary/Treasurer<br>Edwards, Vincent<br>388 Arlington Circle<br>Haines City, FL 33844 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                     |
| 12. I hereby certify that the information supplied with this filing 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                                                         |                                                                                                                                                                                                                              |                                                                                                                                                                       |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                         | Alethea Pugh 4-28-06 (863) 528-3495<br>Vice President                                                                                                                                                                        |                                                                                                                                                                       |

ATTACHMENT

~~66022664~~  
# NO 100000683

ARLINGTON HEIGHTS PHASE III HOA INC  
3020 S FLORIDA AVE STE 101  
LAKELAND FL 33803

124

Date 4-27-06

63-1322/631  
31034

Pay to the  
Order of Florida Department of State \$ 61.25

Sixty-one & 25/100 Dollars



COLONIAL BANK, N.A.

Lakeland, Florida  
24 Hr Colonial Connection 1-877-502-2265

For HOA Annual Report

MP