

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000683

FILED
Feb 29, 2008
Secretary of State

Entity Name: ARLINGTON HEIGHTS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

ARLINGTON HEIGHTS
HAINES CITY, FL 33844

New Principal Place of Business:

256 ARLINGTON LOOP
HAINES CITY, FL 33844

Current Mailing Address:

P O BOX 5137
HAINES CITY, FL 33845

New Mailing Address:

FEI Number: 20-4774791

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUGH, ALETHEA
204 ARLINGTON LOOP
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

WIEBE, LAWRENCE
256 ARLINGTON LOOP
HAINES CITY, FL 33844 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: LAWRENCE WIEBE

02/29/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FUERSTENAU, DENNIS
Address: 285 ARLINGTON LOOP
City-St-Zip: HAINES CITY, FL 33844

Title: V () Delete
Name: PUGH, ALETHEA
Address: 204 ARLINGTON LOOP
City-St-Zip: HAINES CITY, FL 33844

Title: ST (X) Delete
Name: JENKINS, MARY
Address: 217 ARLINGTON LOOP
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WIEBE, LAWRENCE
Address: 256 ARLINGTON LOOP
City-St-Zip: HAINES CITY, FL 33844

Title: V (X) Change () Addition
Name: EDWARDS, VINCENT
Address: ARLINGTON CIRCLE
City-St-Zip: HAINES CITY, FL 33844

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: LAWRENCE WIEBE

PRES

02/29/2008

Electronic Signature of Signing Officer or Director

Date