

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006550

FILED
Mar 27, 2008
Secretary of State

Entity Name: ARBORS PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
STE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
STE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 82-0567684

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
2180 W SR 434
STE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 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: JAMES W HART JR

03/27/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: CARROLL, BILL
Address: 3969 SE 39TH CIRCLE
City-St-Zip: OCALA, FL 34480

Title: TD (X) Delete
Name: PETERS, WENDY
Address: P.O. BOX 724
City-St-Zip: SILVER SPRINGS, FL 34488

Title: D () Delete
Name: OWENS, ASHLEY
Address: 4094 SE 38TH LOOP
City-St-Zip: OCALA, FL 34480

Title: PD () Delete
Name: GRAY, JASON
Address: 4123 SE 38TH LOOP
City-St-Zip: OCALA, FL 34480

Title: D () Delete
Name: JAMES, MIKE
Address: 3843 SE 38TH LOOP
City-St-Zip: OCALA, FL 34480

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: CARROLL, BILL
Address: 3969 SE 39TH CIRCLE
City-St-Zip: OCALA, FL 34480

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: HRACS, JOANN
Address: 3939 SE 38TH LOOP
City-St-Zip: PCALA, FL 34480

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: JASON GRAY

PD

03/27/2008

Electronic Signature of Signing Officer or Director

Date