2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# N02000006550

Entity Name: ARBORS PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

4123 SE 38TH LOOP
OCALA, FL 34480

New Principal Place of Business:

1136 NE 14TH ST
OCALA, FL 34470

Current Mailing Address:

1136 NE 14 STREET
OCALA, FL 34470

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:

Name and Address of New Registered Agent:

JASON, GRAY
1136 NE 14TH ST
OCALA, FL 34470 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: JASON GRAY 02/19/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

Title: VP ( ) Delete
Name: HRACS, JOANN
Address: 3939 SE 38 LOOP
City-St-Zip: OCALA, FL 34480

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

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

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

Title: D (X) Delete
Name: HERREN, S. WESLEY
Address: 1136 NE 14 ST.
City-St-Zip: OCALA, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JASON GRAY PD 02/19/2009
Electronic Signature of Signing Officer or Director Date