


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90127 047 ****70.00

DOCUMENT # N03891 1. Entity Name THE ARBORS MOBILE HOME OWNER'S ASSOCIATION, INC.					
Principal Place of Business 515 S. TAMiami TRAIL OSPNEY, FL 34229			Mailing Address 515 S. TAMiami TRAIL OSPNEY, FL 34229		
2. Principal Place of Business - No P.O. Box # <i>SAME AS ABOVE</i>		3. Mailing Address <i>SAME AS ABOVE</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2563835	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PREFOUNTAIN, MURINE TREA 252 SW AVE CR OSPNEY, FL 34229			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) <i>252 SUN AIR CIRCLE</i> City _____ FL Zip Code _____		
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 <i>Murine Prefountain, Treasurer</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'MALLEY, JACK 162 EDGEWOOD DR OSPNEY, FL 34229	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GONNELLO, MAUREEN 143 PARK LANE OSPNEY, FL 34229	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KILL, DONALD 275 SUN AIR CR OSPNEY, FL 34229	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PREFOUNTAIN, MURINE 252 SUN AIR CIR OSPNEY, FL 34229	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STERLING, BARBARA 294 TROPIC DR. OSPNEY, FL 34229	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GALINDO, NORMA 312 TROPIC DR. OSPNEY, FL 34229	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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TITLE NAME STREET ADDRESS 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: <i>Murine Prefountain, Treasurer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					<i>941-918-0428</i> <small>Daytime Phone #</small>