2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03891

FILED Apr 16, 2009 Secretary of State

Entity Name: THE ARBORS MOBILE HOME OWNER'S ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 515 S. TAMIAMI TRAIL OSPREY, FL 34229 **Current Mailing Address: New Mailing Address:** 515 S. TAMIAMI TRAIL OSPREY, FL 34229 FEI Number: 59-2563835 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: PREFOUNTAIN, MURINE TREA STERLING, BARBARA TREA 294 TROPIC DR 294 TROPIC DR OSPREY, FL 34229 OSPREY, FL 34229 US 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: BARBARA STERLING 04/16/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BALAZE, RONALD Name: Name: 292 PARK LANE Address: Address: City-St-Zip: OSPREY, FL 34229 City-St-Zip: Title: VΡ Title: VΡ (X) Change () Addition () Delete BYLES, JOY Name: BYERS, JOY Name: Address: 326 TROPIC DR Address: 326 TROPIC DR City-St-Zip: OSPREY, FL 34229 City-St-Zip: OSPREY, FL 34229 Title: () Delete Title: () Change () Addition KILL, DONALD Name: Name: 275 SUN AIR CR Address: Address: City-St-Zip: OSPREY, FL 34229 City-St-Zip: Title: () Delete Title: () Change () Addition Name: STERLING, BARBARA Name: 294 TROPIC DR Address: Address: City-St-Zip: OSPREY, FL 34229 City-St-Zip: Title: () Delete Title: (X) Change () Addition JOHNSON, DAVID MCCOURT, RONALD Name: Name: 194 PALM AIR DRIVE 173 EDGEWOOD DRIVE Address: Address: City-St-Zip: OSPREY, FL 34229 City-St-Zip: OSPREY, FL 34229 Title: () Delete Title: (X) Change () Addition KAARRE, GRACE SEMMELROCK, ALTON Name: Name: Address: 306 TROPIC DR Address: 168 EDGEWOOD DRIVE OSPREY, FL 34229 OSPREY, FL 34229 City-St-Zip: 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: BARBARA STERLING TREA 04/16/2009