



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90074 012 ****61.25

DOCUMENT # N04000001790 1. Entity Name THE ARBORS ON ARAGON CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 115 E. MARKS STREET ORLANDO, FL 32803			Mailing Address 115 E. MARKS STREET ORLANDO, FL 32803		
2. Principal Place of Business 1836 SUNNINGDALE CT		3. Mailing Address ← SAME			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State ORLANDO FL		City & State 		4. FEI Number 77-0638373	
Zip 32765		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HALPIN, MICHAEL K 115 E. MARKS STREET ORLANDO, FL 32803				7. Name and Address of New Registered Agent Name PATTI S. MOELLER Street Address (P.O. Box Number is Not Acceptable) 1836 SUNNINGDALE CT City ORLANDO FL Zip Code 32765	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	DC HALPIN, MICHAEL <input checked="" type="checkbox"/> Delete 115 E MARKS STREET ORLANDO, FL 32803		TITLE NAME STREET ADDRESS CITY ST ZIP	PRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MOLLY MCLOUTH 777 S. DENNING DR WINTER PARK FL 32789	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input 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"/> 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"/> 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"/> 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"/> Delete		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: 			Date 2/1/06 Daytime Phone # 4079717657		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					