

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 10, 2007
Secretary of State

DOCUMENT# N04000005551

Entity Name: THE ARBORS HOMEOWNERS ASSOCIATION OF BREVARD COUNTY, INC.**Current Principal Place of Business:**6905 N. WICKHAM ROAD
SUITE 401
MELBOURNE, FL 32940**New Principal Place of Business:****Current Mailing Address:**1978 ROCKLEDGE BLVD.
SUITE 106
ROCKLEDGE, FL 32955**New Mailing Address:****FEI Number:** 20-4587861**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BURKE, BARBARA A
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US**Name and Address of New Registered Agent:**BARIC, JOHN ESQ
6905 N. WICKHAM RD.
SUITE 501
MELBOURNE, FL 32940 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: JOHN BARIC

10/10/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BARIN, DAVID
Address: 6905 N. WICKHAM ROAD, SUITE 401
City-St-Zip: MELBOURNE, FL 32940

Title: VD () Delete
Name: MITCHELL, KENNETH R
Address: 6905 N. WICKHAM ROAD, SUITE 401
City-St-Zip: MELBOURNE, FL 32940

Title: TD () Delete
Name: O'TOOLE, HAZEL
Address: 6905 N. WICKHAM ROAD, SUITE 401
City-St-Zip: MELBOURNE, FL 32940

Title: SD (X) Delete
Name: WALKER, LISA
Address: 6905 N. WICKHAM ROAD, SUITE 401
City-St-Zip: MELBOURNE, FL 32940

Title: D (X) Delete
Name: WEBER, SHARON
Address: 6905 N. WICKHAM ROAD, SUITE 401
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: FOLEY, TODD
Address: 6905 N. WICKHAM ROAD, SUITE 201
City-St-Zip: MELBOURNE, FL 32940

Title: DV (X) Change () Addition
Name: WEBER, SHARON
Address: 6905 N. WICKHAM ROAD, SUITE 401
City-St-Zip: MELBOURNE, FL 32940

Title: DST (X) Change () Addition
Name: O'TOOLE, HAZEL
Address: 6905 N. WICKHAM ROAD, SUITE 401
City-St-Zip: MELBOURNE, FL 32940

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: TODD FOLEY

P

10/10/2007

Electronic Signature of Signing Officer or Director

Date