

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001684

FILED  
Apr 26, 2007  
Secretary of State

**Entity Name:** ARBOR RIDGE HOMEOWNERS' ASSOCIATION OF APOPKA, INC.

**Current Principal Place of Business:**

8403 S PARK CIRCLE SUITE 670  
ORLANDO, FL 32819

**New Principal Place of Business:**

9102 SOUTH PARK CENTER LOOP  
2ND FLOOR SUITE 200  
ORLANDO, FL 32819

**Current Mailing Address:**

8403 S PARK CIRCLE SUITE 670  
ORLANDO, FL 32819

**New Mailing Address:**

9102 SOUTH PARK CENTER LOOP  
2ND FLOOR SUITE 200  
ORLANDO, FL 32819

**FEI Number:** 20-2631799

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LELAND MANAGEMENT  
8009 S. ORANGE AVENUE  
ORLANDO, FL 32809 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: DOMAIN, JOHN  
Address: 8403 S PARK CIRCLE SUITE 670  
City-St-Zip: ORLANDO, FL 32819

Title: D ( ) Delete  
Name: INGLE, JIM  
Address: 8403 S PARK CIRCLE SUITE 670  
City-St-Zip: ORLANDO, FL 32819

Title: D ( ) Delete  
Name: POTTS, CJ  
Address: 8403 S PARK CIRCLE SUITE 670  
City-St-Zip: ORLANDO, FL 32819

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: CAMP, JEREMY  
Address: 9102 S PARK CENTER LOOP SUITE 200  
City-St-Zip: ORLANDO, FL 32819

Title: VPD (X) Change ( ) Addition  
Name: COWHERD, BRAD  
Address: 9102 S PARK CENTER LOOP SUITE 200  
City-St-Zip: ORLANDO, FL 32819

Title: STD (X) Change ( ) Addition  
Name: INGLE, JIM  
Address: 9102 S PARK CENTER LOOP SUITE 200  
City-St-Zip: ORLANDO, FL 32819

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: JEREMY CAMP

P

04/26/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date