2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007
Secretary of State

DOCUMENT# N05000003166

Entity Name: ARBOR GREENS NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

126 NW 76TH DR SUITE A
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

126 NW 76TH DR SUITE A
GAINESVILLE, FL 32607

New Mailing Address:

P.O. BOX 13416
GAINESVILLE, FL 32604

FEI Number: 20-2399325 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARPENTER, RONALD A
5608 NW 43RD ST
GAINESVILLE, FL 32653 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: DP ( ) Delete
Name: WILDE, DOUGLAS
Address: PO BOX 13421
City-St-Zip: GAINESVILLE, FL 32604

Title: DV ( ) Delete
Name: RUTENBERG, BETTY
Address: PO BOX 358080
City-St-Zip: GAINESVILLE, FL 32635

Title: DS ( ) Delete
Name: BULLARD, BARRY
Address: 126 NW 76TH DR SUITE A
City-St-Zip: GAINESVILLE, FL 32607

Title: DT ( ) Delete
Name: WATERS, ROBERT T
Address: 5225 SW 91ST TERR
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change ( ) Addition
Name: RUTENBERG, BARRY
Address: PO BOX 358080
City-St-Zip: GAINESVILLE, FL 32635

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 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: DOUGLAS WILDE DP 01/09/2007

Electronic Signature of Signing Officer or Director — Date