

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003166

FILED  
Mar 27, 2009  
Secretary of State

Entity Name: ARBOR GREENS NEIGHBORHOOD ASSOCIATION, INC.

## Current Principal Place of Business:

1731 NW 6TH ST  
STE A  
GAINESVILLE, FL 32609 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 14506  
GAINESVILLE, FL 32604 US

## New Mailing Address:

FEI Number: 20-2399325

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WESTON BAUR/ED BAUR MANAGEMENT INC.  
DBA FLORIDA COMMUNITY MANAGEMENT  
1731 NW 6TH ST, STE A  
GAINESVILLE, FL 32609 US

## Name and Address of New Registered Agent:

ED BAUR MANAGEMENT, INC.  
1731 NW 6TH STREET  
STE. A  
GAINESVILLE, FL 32609 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: HAL WHITTET

03/27/2009

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, BARRY  
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: P (X) Change ( ) Addition  
Name: WILDE, DOUGLAS  
Address: PO BOX 13421  
City-St-Zip: GAINESVILLE, FL 32604

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

Title: T (X) Change ( ) Addition  
Name: BULLARD, BARRY  
Address: 126 NW 76TH DR SUITE A  
City-St-Zip: GAINESVILLE, FL 32607

Title: S (X) Change ( ) Addition  
Name: WATERS, ROBERT T  
Address: 5225 SW 91ST TERR  
City-St-Zip: GAINESVILLE, FL 32608

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: DOUG WILDE

P

03/27/2009

Electronic Signature of Signing Officer or Director

Date