2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# N05000004410

Entity Name: ARBOR PLACE ASSOCIATION, INC.

Current Principal Place of Business:

590 SOLUTIONS WAY
ROCKLEDGE, FL 32955

New Principal Place of Business:

590 SOLUTIONS WAY
SUITE 100
ROCKLEDGE, FL 32955

Current Mailing Address:

590 SOLUTIONS WAY
ROCKLEDGE, FL 32955

New Mailing Address:

590 SOLUTIONS WAY
SUITE 100
ROCKLEDGE, FL 32955

FEI Number: 20-4663891 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROCKHOUSE, KEITH S
590 SOLUTIONS WAY
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

BROCKHOUSE, KEITH S
590 SOLUTIONS WAY
SUITE 100
ROCKLEDGE, FL 32955 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: _____ 02/05/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: BROCKHOUSE, KEITH
Address: 590 SOLUTIONS WAY
City-St-Zip: ROCKLEDGE, FL 32955

Title: DVP ( ) Delete
Name: HARVIN, MOSES
Address: 1924 JACQUES DRIVE
City-St-Zip: VIERA, FL 32940

Title: DS ( ) Delete
Name: WOLFF, STEVEN
Address: 601 S. ATLANTIC AVENUE
City-St-Zip: COCOA BEACH, FL 32931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: BROCKHOUSE, KEITH
Address: 590 SOLUTIONS WAY, SUITE 100
City-St-Zip: ROCKLEDGE, FL 32955

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: KEITH S. BROCKHOUSE DPT 02/05/2009
Electronic Signature of Signing Officer or Director — Date