

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 25, 2008
Secretary of State

DOCUMENT# N05000007832

Entity Name: ARBORGATE AT PERDIDO GARDENS HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**700 SOUTH PALAFOX STREET
SUITE 85
PENSACOLA, FL 32502**New Principal Place of Business:**6451 MERRITT BLVD.
DAPHNE, AL 36526**Current Mailing Address:**P.O. BOX 820
CRESTVIEW, FL 32536**New Mailing Address:****FEI Number:** 26-0841890**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MCCANN, RONALD
1328 N. FERDON BLVD
STE. 321
CRESTVIEW, FL 32536 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: PD () Delete
Name: HOLLERICH, SCOTT A
Address: 700 SOUTH PALAFOX STREET, SUITE 85
City-St-Zip: PENSACOLA, FL 32502

Title: VPD (X) Delete
Name: LUSK, JAMES E
Address: 700 SOUTH PALAFOX STREET, SUITE 85
City-St-Zip: PENSACOLA, FL 32502

Title: STD (X) Delete
Name: LUKE, MICHAEL
Address: 700 SOUTH PALAFOX STREET, SUITE 85
City-St-Zip: PENSACOLA, FL 32502

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CALDWELL, NICOLE
Address: 6451 MERRITT BLVD
City-St-Zip: DAPHNE, AL 36526

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: RONALD MCCANN

RA

06/25/2008

Electronic Signature of Signing Officer or Director

Date