


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05000010867</b> 1. Entity Name ARBAN'S LORE PROPERTY OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 1224 SE FORT KING STREET OCALA, FL 34471	Mailing Address 1224 SE FORT KING STREET OCALA, FL 34471
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**DO NOT WRITE IN THIS SPACE**

02052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-3723276	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  DRAKE, ROBERT P 1224 SE FORT KING STREET OCALA, FL 34471	<b>DO NOT WRITE IN THIS SPACE</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable DATE

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT DRAKE, ROBERT P 1224 SE FORT KING STREET OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS COPE, DAVID G 3220 SE 3RD AVE OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAINES, TIM D 125 NE 1ST AVE SUITE 1 OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/16/07-80033-002 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Robert P. Drake  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/07 352-867-8138  
Date Daytime Phone #