

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010867

FILED
Jan 19, 2009
Secretary of State

Entity Name: ARBAN'S LORE PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1224 SE FORT KING STREET
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

1224 SE FORT KING STREET
OCALA, FL 34471

New Mailing Address:

FEI Number: 20-3723276

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRAKE, ROBERT P
1224 SE FORT KING STREET
OCALA, FL 34471 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: DPT () Delete
Name: DRAKE, ROBERT P
Address: 1224 SE FORT KING STREET
City-St-Zip: OCALA, FL 34471

Title: DS () Delete
Name: COPE, DAVID G
Address: 3220 SE 3RD AVE
City-St-Zip: OCALA, FL 34470

Title: D () Delete
Name: HAINES, TIM D
Address: 125 NE 1ST AVE SUITE 1
City-St-Zip: OCALA, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ROBERT P. DRAKE

DPT

01/19/2009

Electronic Signature of Signing Officer or Director

Date