2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007
Secretary of State

DOCUMENT# N06000004521

Entity Name: ARBOR GLADE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

12854 KENAN DR., SUITE 100
JACKSONVILLE, FL 32258

New Principal Place of Business:

8009 S ORANGE AVE
ORLANDO, FL 32809

Current Mailing Address:

12854 KENAN DR., SUITE 100
JACKSONVILLE, FL 32258

New Mailing Address:

8009 S ORANGE AVE
ORLANDO, FL 32809

FEI Number: 20-5047259 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, JAYSON
12854 KENAN DR., SUITE 100
JACKSONVILLE, FL 32258 US

Name and Address of New Registered Agent:

LELAND MANAGEMENT, INC.
8009 S ORANGE AVE
ORLANDO, FL 32809 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: REBECCA FURLOW 04/05/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WILLIAMS, JAYSON
Address: 12854 KENAN DR., SUITE 100
City-St-Zip: JACKSONVILLE, FL 32258

Title: VD ( ) Delete
Name: DADDARIO, TOM
Address: 12854 KENAN DR., SUITE 100
City-St-Zip: JACKSONVILLE, FL 32258

Title: STD ( ) Delete
Name: HEATON, FALLON
Address: 12854 KENAN DR., SUITE 100
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition
Name: DADDARIO, TOM
Address: 12854 KENAN DR., SUITE 100
City-St-Zip: JACKSONVILLE, FL 32258

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JAYSON WILLIAMS PD 04/05/2007
Electronic Signature of Signing Officer or Director Date