2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2009
Secretary of State

DOCUMENT# N06000004521

Entity Name: ARBOR GLADE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5955 T G LEE BLVD
SUITE 300
ORLANDO, FL 328224457 US

New Principal Place of Business:

6972 LAKE GLORIDA BLVD
ORLANDO, FL 328093200 US

Current Mailing Address:

5955 T G LEE BLVD
SUITE 300
ORLANDO, FL 328224457 US

New Mailing Address:

6972 LAKE GLORIDA BLVD
ORLANDO, FL 328093200 US

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

Name and Address of Current Registered Agent:

LELAND MANAGEMENT, INC.
5955 T G LEE BLVD
SUITE 300
ORLANDO, FL 328224457 US

Name and Address of New Registered Agent:

LELAND MANAGEMENT, INC.
6972 LAKE GLORIA BLVD
ORLANDO, FL 328093200 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: _____ 04/19/2009
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: VPD ( ) Delete
Name: GREENWOOD, ROBERT
Address: 12854 KENAN DR., SUITE 100
City-St-Zip: JACKSONVILLE, FL 32258

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SUCHORA, ED
Address: 12854 KENAN DR., SUITE 100
City-St-Zip: JACKSONVILLE, FL 32258

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

Title: STD (X) Change ( ) Addition
Name: NIXON, BRENDA
Address: 12854 KENAN DR., SUITE 100
City-St-Zip: JACKSONVILLE, FL 32258

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: ED SUCHORA PD 04/19/2009
Electronic Signature of Signing Officer or Director — Date