

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 15, 2008  
Secretary of State**

DOCUMENT# N07000004101

**Entity Name:** ARBOLEDA HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3250 CLUB DR.  
DESTIN, FL 32541

**New Principal Place of Business:**

**Current Mailing Address:**

3250 CLUB DR.  
DESTIN, FL 32541

**New Mailing Address:**

**FEI Number:**  **FEI Number Applied For (X)**  **FEI Number Not Applicable ( )**  **Certificate of Status Desired ( )**   
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

HART, W. CHRISTOPHER  
34990 EMERALD COAST PARKWAY, STE. 301  
DESTIN, FL 32541 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: SLONE, HAROLD G.  
Address: 4229 STEVE REYNOLDS BLVD., STE. 210  
City-St-Zip: NORCROSS, GA 30093

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

Title: DST ( ) Delete  
Name: GENTZEL, JENNIFER  
Address: 4229 STEVE REYNOLDS BLVD., STE. 210  
City-St-Zip: NORCROSS, GA 30093

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

Title: DV ( ) Delete  
Name: STROBLE, CHARLES P.  
Address: 3250 CLUB DR.  
City-St-Zip: DESTIN, FL 32541

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: CHARLES P. STROBLE

PRES

07/15/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date