

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08895

FILED
Jan 18, 2009
Secretary of State

Entity Name: ARBOR OAKS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

218 E BEARRS AVE
241
TAMPA, FL 33613 US

New Principal Place of Business:

10549 N. FLORIDA AVENUE
G
TAMPA, FL 33613 US

Current Mailing Address:

218 E BEARRS AVE
241
TAMPA, FL 33613 US

New Mailing Address:

10549 N. FLORIDA AVENUE,
G
TAMPA, FL 33613 US

FEI Number: 59-2760792

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONDOMINIUM ALLIANCE MGMT. CORP
218 E. BEARSS AVE
PMB 241
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

CONDOMINIUM ALLIANCE MGMT. CORP
10549 N. FLORIDA AVENUE
G
TAMPA, FL 33613 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: TUMBA KANYINDA

01/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GANDARA, ADRIAN
Address: 3410 ARBOR OAKS CT
City-St-Zip: TAMPA, FL 33614

Title: S () Delete
Name: MCSORLEY, CHARLES
Address: 3416 ARBOR OAKS CT
City-St-Zip: TAMPA, FL 33614

Title: T () Delete
Name: WOODS, JAMES
Address: POB 27072
City-St-Zip: TAMPA, FL 33623

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: TUMBA KANYINDA

MGR

01/18/2009

Electronic Signature of Signing Officer or Director

Date