

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000012197

**FILED**  
**Sep 01, 2010**  
**Secretary of State**

**Entity Name:** ARBOR GREENS OFFICE PARK OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

126 NW 76TH DR, SUITE A  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

**Current Mailing Address:**

126 NW 76TH DR, SUITE A  
GAINESVILLE, FL 32607

**New Mailing Address:**

PO BOX 13416  
GAINESVILLE, FL 32604

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILDE, DOUG  
9304 SW 32ND PL  
GAINESVILLE, FL 32608 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: D  
Name: WILDE, DOUGLAS  
Address: PO BOX 13421  
City-St-Zip: GAINESVILLE, FL 32604

Title: P  
Name: WILDE, DOUG  
Address: PO BOX 13421  
City-St-Zip: GAINESVILLE, FL 32604

Title: DT  
Name: WATERS, ROBERT T  
Address: 5225 SW 91ST TERRACE  
City-St-Zip: GAINESVILLE, FL 32608

Title: DS  
Name: BULLARD, BARRY  
Address: 126 NW 76TH DR  
City-St-Zip: GAINESVILLE, FL 32607

I hereby 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 all other like empowered.

SIGNATURE: DOUG R WILDE

PRES

09/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date