


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # N10127 1. Entity Name ARBOR LAKES HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business P O BOX 7301 DAYTONA BEACH, FL 32116	Mailing Address P O BOX 7301 DAYTONA BEACH, FL 32116
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DO NOT WRITE IN THIS SPACE



02182005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2569141	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HALIFAX MANAGEMENT GROUP 1209 S. PENINSULA DRIVE DAYTONA BEACH, FL 32118

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SOLOMON, CHARLENE 10 ARBOR LAKE PARK ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARES, KATHRYN 22 ARBOR LAKE PARK ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AYRES, CAROLYN 2 ARBORLUE TRAIL ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACKBURN, MICHELLE 19 ARTHUR LAKE PARK ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHEIDEGGER, WILLIAM 2 ARBOR LAKE PARK ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000281766
03/31/05-80015-021 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE 	Date <u>3/31/05</u>	Daytime Phone # <u>386-4492</u> <u>386-677-1034</u>
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