2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2010
Secretary of State

DOCUMENT# N10127

Entity Name: ARBOR LAKES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

10 ARBOR LAKE PARK
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

% ATLANTIC SHORES MGT
3511 S. PENINSULA DRIVE
PORT ORANGE, FL 32127

New Mailing Address:

C/O ATLANTIC SHORES MGT
3511 S. PENINSULA DRIVE
PORT ORANGE, FL 32127

FEI Number: 59-2569141 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSKAMP, MARK
3511 S PENINSULA DR
PORT ORANGE, FL 32127 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: P
Name: SOLOMON, CHARLENE
Address: 10 ARBOR LAKE PARK
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP
Name: LARES, KATHRYN
Address: 22 ARBOR LAKE PARK
City-St-Zip: ORMOND BEACH, FL 32174

Title: D
Name: AYRES, CAROLYN
Address: 2 ARBORBUE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: D
Name: BLACKBURN, MICHELLE
Address: 19 ARTHUR LAKE PARK
City-St-Zip: ORMOND BEACH, FL 32174

Title: T
Name: SCHEIDEGGER, WILLIAM
Address: 12 ARBOR LAKE PARK
City-St-Zip: ORMOND BEACH, FL 32174

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: CHARLENE SOLOMON PRES 03/30/2010

Electronic Signature of Signing Officer or Director — Date