## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 18, 2008 8:00 am Secretary of State

1. Entity Nam	MENT # N10485 ARBOR I CONDOMINIUM A			Secretary of State 04-18-2008 90055 006 ****61.25							
Principal Place of Business 324 E. BEACH DR. PANAMA CITY, FL 32401		Mailing Address 324 E. BEACH DR. PANAMA CITY, FL 32401									
2. Principal Place of Business - No P.O. Box #		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04152	008 Chg-NP	CR2E03	37 (12/06)				
City & Stat	е	City & State			Number -2850856			oplied For ot Applicable			
Zip	Country	Zip	Country	5. Ceri	5. Certificate of Status Desir		\$8.75 Add Fee Require				
	6. Name and Address of Current	Registered Agent		7. Nan	e and Address of N	ew Registered A	Agent				
-CEBDE II	EDBVW —		Name ,	Wayne	TUCK						
239-3-4TH			Street Address (P.O. Box Number is Not Acceptable)								
			3247	ECG+ Becc	h Drive=	<u> </u>					
	• '		City P	aranco	1 tu	FL	Zip Cod	°32401			
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  Signature, typed or printed name of registered agent and late if applicable. (NOTE: Registered Agent agrees required when revisiting)  DATE											
	Signature, typed or printed name of registered agent	and tate if applicable. (NOTE: R	legistered Agent aignessa	re required when remate	ing)	DATE					
A	Sgreture, speed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008	9. Election Camp: Trust Fund Cor	aign Financing	\$5.00 Added to	May Be	Make check Florida Depart					
	Filing Fee is \$61.25	9. Election Campa Trust Fund Cor	aign Financing	\$5.00 Added to	May Be	Make check Florida Depar	tment of S	tate			
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campa Trust Fund Cor	aign Financing htribution. [	\$5.00 Added to	May Be Fees	Make check Florida Depar	tment of S	tate			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Marila a Solfeer	Martha A.	Dolbeer	4-16-08	850-785-29	94
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF	ACER OR DIRECTOR		Date	Daytime Phone #	Ή'