

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90041 028 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                   |                                                                                                                        |                                                                                                                                                                                                                        |                                                                                                 |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # N21903</b><br>1. Entity Name<br><b>ARBOR RIDGE HOMEOWNERS ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                   |                                                                                                                        |                                                                                                                                                                                                                        |                |                                                                              |
| Principal Place of Business<br><b>479 ARBOR RIDGE LAND<br/>TITUSVILLE, FL 32780</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                   |                                                                                                                        | Mailing Address<br><b>P. O. BOX 5802<br/>TITUSVILLE, FL 32783 US</b>                                                                                                                                                   |                                                                                                 |                                                                              |
| 2. Principal Place of Business - No P.O. Box #<br><b>516 Arbor Ridge Ln</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                   | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                              |                                                                                                                                                                                                                        |                                                                                                 |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                   | Suite, Apt. #, etc.                                                                                                    |                                                                                                                                                                                                                        |                                                                                                 |                                                                              |
| City & State<br><b>Titusville, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                   | City & State                                                                                                           |                                                                                                                                                                                                                        | 4. FEI Number<br><b>59-2780079</b>                                                              |                                                                              |
| Zip<br><b>32780</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                   | Country<br><b>USA</b>                                                                                                  |                                                                                                                                                                                                                        | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br><b>PALLAY, JOSEPH P<br/>479 ARBOR RIDGE LANE<br/>TITUSVILLE, FL 32780</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                   |                                                                                                                        | 7. Name and Address of New Registered Agent<br>Name <b>Richard Turner</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>516 Arbor Ridge Ln</b><br>City <b>Titusville</b> <b>FL</b> Zip Code <b>32780</b> |                                                                                                 |                                                                              |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                   |                                                                                                                        |                                                                                                                                                                                                                        |                                                                                                 |                                                                              |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                                                                        | <b>Make check payable to<br/>Florida Department of State</b>                                    |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                   |                                                                                                                        | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                                           |                                                                                                 |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>P</b><br><b>PALLAY, JOSEPH P</b><br><b>479 ARBOR RIDGE LANE</b><br><b>TITUSVILLE, FL 32780</b> | <input checked="" type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                         | <b>P</b><br><b>Richard Turner</b><br><b>516 Arbor Ridge Ln</b><br><b>Titusville FL 32780</b>    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D</b><br><b>LINDSEY, JAMES</b><br><b>506 ARBOR RIDGE LN.</b><br><b>TITUSVILLE, FL 32780</b>    | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                         | <b>VP</b><br><b>Bill Blackwell</b><br><b>524 Arbor Ridge Ln</b><br><b>Titusville FL 32780</b>   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>T</b><br><b>DECKER, ROSEMARY</b><br><b>486 ARBOR RIDGE LANE</b><br><b>TITUSVILLE, FL</b>       | <input checked="" type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                         | <b>S</b><br><b>Patricia Beck</b><br><b>518 Arbor Ridge Ln</b><br><b>Titusville FL 32780</b>     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>S</b><br><b>LARNEY, JEAN</b><br><b>485 ARBOR RIDGE LN</b><br><b>TITUSVILLE, FL 32780</b>       | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                         | <b>T</b><br><b>Jean Larney</b><br><b>482 Arbor Ridge Ln</b><br><b>Titusville FL 32780</b>       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D</b><br><b>MOON, BETH</b><br><b>474 DAVEY LANE</b><br><b>TITUSVILLE, FL 32780</b>             | <input checked="" type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                         | <b>D</b><br><b>Muriel Springer</b><br><b>455 Arbor Ridge Ln</b><br><b>Titusville FL 32780</b>   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>VP</b><br><b>SOCKS, ROBERT</b><br><b>493 ARBOR RIDGE LN</b><br><b>TITUSVILLE, FL 32780</b>     | <input checked="" type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                         | <b>D</b><br><b>Charles Grimm</b><br><b>517 Arbor Ridge Ln</b><br><b>Titusville FL 32780</b>     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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. |                                                                                                   |                                                                                                                        |                                                                                                                                                                                                                        |                                                                                                 |                                                                              |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                   |                                                                                                                        | Date <b>3-17-08</b> Daytime Phone # <b>321-3852163</b>                                                                                                                                                                 |                                                                                                 |                                                                              |

ATTACHMENT  
ATTACHMENT

50000946

2008 NOT-FOR-PROFIT CORPORATION #N21903

ARBOR RIDGE HOMEOWNERS ASSOCIATION, INC.

additions to box 10

D

Jeff Cashon

485 L M Davey Ln

Titusville, FL 32780

D

Robert Schneider

481 L M Davey Ln

Titusville, FL 32780