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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Myrthum
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N39447** (0)
1. Corporation Name
ARBOR HILLS COMMUNITY ASSOCIATION, INC.

Principal Place of Business Mailing Address
**150 OXFORD RD., SUITE 140
P.O. BOX 300534
FERN PARK FL 32730-0534**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

3. Date Incorporated or Qualified **08/10/1990** 3a. Date of Last Report **02/21/1994**
4. FEI Number **59-3025198** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**SHUTTS, ROBERT T.
150 OXFORD RD.
FERN PARK FL 32730**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature of person or persons of registered agent and fee, if applicable) (Signature of registered agent and fee, if applicable) (Signature of registered agent and fee, if applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUTTS, ROBERT T.	12 NAME	
STREET ADDRESS	150 OXFORD RD.	13 STREET ADDRESS	
CITY, ST, ZIP	FERN PARK FL	14 CITY, ST, ZIP	
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, JOSEPH D., IV	22 NAME	
STREET ADDRESS	150 OXFORD RD.	23 STREET ADDRESS	
CITY, ST, ZIP	FERN PARK FL	24 CITY, ST, ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMPP, ALVIN H.	32 NAME	
STREET ADDRESS	150 OXFORD RD.	33 STREET ADDRESS	
CITY, ST, ZIP	FERN PARK FL	34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 make this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 attached, or on an attachment with an address.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF DOMESTIC OFFICER OR DIRECTOR
Joseph D. Robinson, IV

April 27, 1995 407-831-2211