

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39447

1. Entity Name

ARBOR HILLS COMMUNITY ASSOCIATION, INC.

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90056 007 \*\*\*\*61.25

Principal Place of Business

Mailing Address

238 N WESTMONTE DR  
 SUITE 260  
 ALTAMONTE SPRINGS FL 32714  
 US

P O BOX 161606  
 P.O. BOX 300534  
 ALTAMONTE SPRINGS FL 32716-1606  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

225 S. Westmonte Drive

P.O. Box 161606

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2050

City & State  
 Altamonte Springs, FL

City & State  
 Altamonte Springs, FL

4. FEI Number  
 59-3025198

Applied For  
 Not Applicable

Zip  
 32714

Country  
 USA

Zip  
 32716-1606

Country  
 USA

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PFAUSER, MARGO A  
 238 N WESTMONTE DR SUITE 260  
 ALTAMONTE SPRINGS FL 32714

Name  
 Margo A. Pfauiser  
 Street Address (P.O. Box Number is Not Acceptable)  
 225 S. Westmonte Drive  
 Suite 2050  
 City  
 Altamonte Springs FL Zip Code  
 32714

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.

SIGNATURE Margo A Pfauiser Margo A Pfauiser 4-7-2000  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JENKINS, MONTE	
STREET ADDRESS	3008 E BEAUMONT LANE	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATHEWS, WAYN E	
STREET ADDRESS	2420 MAYWOOD ST	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BILLINGS, GEORGE	
STREET ADDRESS	2061 JUDITH PL	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del> </del>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DSIT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jones, Suzanne	
STREET ADDRESS	2426 Maywood	
CITY-ST-ZIP	Eustis FL 32726	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chandler Craig	
STREET ADDRESS	2498 Tremont Lane	
CITY-ST-ZIP	Eustis, FL 32726	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: W. SCHMANN

4-12-00 352-383-1642

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)