

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90895 007 \*\*\*\*61.25

0055990

**DOCUMENT # N39447**  
 1. Entity Name  
**ARBOR HILLS COMMUNITY ASSOCIATION, INC.**

Principal Place of Business <b>225 S WESTMONTE DRIVE          STE-2050          ALTAMONTE SPRINGS FL 32714          US</b>	Mailing Address <b>P O BOX 161606          ALTAMONTE SPRINGS FL 32716-1606          US</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-3025198</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**PFAUSER, MARGO A  
 225 S WESTMONTE DRIVE  
 STE-2050  
 ALTAMONTE SPRINGS FL 32714**

7. Name and Address of New Registered Agent  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	<b>DST</b>	<input type="checkbox"/> Delete
NAME	<b>JONES, SUZANNE</b>	
STREET ADDRESS	<b>2426 MAYWOOD</b>	
CITY-ST-ZIP	<b>EUSTIS FL 32726</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MATHEWS, WAYN E</b>	
STREET ADDRESS	<b>2420 MAYWOOD ST</b>	
CITY-ST-ZIP	<b>EUSTIS FL 32726</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>EARLS, CYNDE</b>	
STREET ADDRESS	<b>2511 TREMONT LANE</b>	
CITY-ST-ZIP	<b>EUSTIS FL 32726</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LEAH, KEY</b>	
STREET ADDRESS	<b>2501 TREMONT LANE</b>	
CITY-ST-ZIP	<b>EUSTIS FL 32726</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ORLANDO, NANCY</b>	
STREET ADDRESS	<b>2506 TREMONT LANE</b>	
CITY-ST-ZIP	<b>EUSTIS FL 32726</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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: Suzanne Jones  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/25/02 Daytime Phone #: 352-735-4926

CR2E037 (9/01)