

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 21, 2004
Secretary of State**

DOCUMENT# N39447

Entity Name: ARBOR HILLS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

225 S WESTMONTE DRIVE
STE-2050
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

New Mailing Address:

P O BOX 162147
ALTAMONTE SPRINGS, FL 327162147 US

Current Mailing Address:

P O BOX 161606
ALTAMONTE SPRINGS, FL 327161606 US

FEI Number: 59-3025198 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PFAUSER, MARGO A
225 S WESTMONTE DRIVE
STE-2050
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: JONES, SUZANNE
Address: 2426 MAYWOOD
City-St-Zip: EUSTIS, FL 32726

Title: D () Delete
Name: MATHEWS, WAYN E
Address: 2420 MAYWOOD ST
City-St-Zip: EUSTIS, FL 32726

Title: D () Delete
Name: EARLS, CYNDE
Address: 2511 TREMONT LANE
City-St-Zip: EUSTIS, FL 32726

Title: D () Delete
Name: LEAH, KEY
Address: 2501 TREMONT LANE
City-St-Zip: EUSTIS, FL 32726

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: MEMMESHEEIMER, DIANNE
Address: 2509 MAYWOOD STREET
City-St-Zip: EUSTIS, FL 32726

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZANNE JONES

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04/21/2004

Electronic Signature of Signing Officer or Director

_____ Date