2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39447

FILED Mar 10, 2008 Secretary of State

Entity Name: ARBOR HILLS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044 US

Current Mailing Address: New Mailing Address:

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HART, JAMES W JR
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 US
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 US

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: JAMES W HART JR 03/10/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition Name: RODRIGUEZ, PAULINA Name:

Address: 2998 W BEAUMONT LANE Address: City-St-Zip: EUSTIS, FL 32726 City-St-Zip:

Title: VPD () Delete Title: () Change () Addition

 Name:
 LARSON, SUSAN
 Name:

 Address:
 2993 W BEAUMONT LANE
 Address:

 City-St-Zip:
 EUSTIS, FL 32726
 City-St-Zip:

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 MEMMESHEIMER, DIANNE
 Name:
 MEMMESHEIMER, DIANE

 Address:
 2509 MAYWOOD STREET
 Address:
 2509 MAYWOOD STREET

 City-St-Zip:
 EUSTIS, FL 32726
 City-St-Zip:
 EUSTIS, FL 32726

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PAULINA RODRIGUEZ PD 03/10/2008

Electronic Signature of Signing Officer or Director

Date