

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2003 8:00 am
Secretary of State

02-13-2003 90204 004 ****61.25

DOCUMENT # N39447



1. Entity Name
ARBOR HILLS COMMUNITY ASSOCIATION, INC.

Principal Place of Business
**225 S WESTMONTE DRIVE
STE-2050
ALTAMONTE SPRINGS FL 32714
US**

Mailing Address
**P O BOX 161606
ALTAMONTE SPRINGS FL 32716-1606
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3025198		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
PFAUSER, MARGO A. 225 S WESTMONTE DRIVE STE-2050 ALTAMONTE SPRINGS FL 32714				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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JONES, SUZANNE			NAME			
STREET ADDRESS	2428 MAYWOOD			STREET ADDRESS			
CITY-ST-ZIP	EUSTIS FL 32726			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MATHEWS, WAYN E			NAME			
STREET ADDRESS	2420 MAYWOOD ST			STREET ADDRESS			
CITY-ST-ZIP	EUSTIS FL 32726			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EARLS, CYNDE			NAME			
STREET ADDRESS	2511 TREMONT LANE			STREET ADDRESS			
CITY-ST-ZIP	EUSTIS FL 32726			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEAH, KEY			NAME			
STREET ADDRESS	2501 TREMONT LANE			STREET ADDRESS			
CITY-ST-ZIP	EUSTIS FL 32726			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ORLANDO, NANCY			NAME			
STREET ADDRESS	2506 TREMONT LANE			STREET ADDRESS			
CITY-ST-ZIP	EUSTIS FL 32726			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 empowerments.

SIGNATURE: SIGNATURE REQUIRED *2/28/03* *407/082-3443*

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

CR2E037 (10/02)