

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41145

FILED  
Feb 17, 2009  
Secretary of State

**Entity Name:** ARBOR GLEN AT TUSCAWILLA HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1127 ARBOR GLEN CIRCLE  
WINTER SPRINGS, FL 32708

**New Principal Place of Business:**

**Current Mailing Address:**

1127 ARBOR GLEN CIRCLE  
WINTER SPRINGS, FL 32708

**New Mailing Address:**

**FEI Number:** 59-3034018

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARTINEZ, MARGARITA  
1127 ARBOR GLEN CIRCLE  
WINTER SPRINGS, FL 32708 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: PD ( ) Delete  
Name: MARTINEZ, MARGARITA  
Address: 1127 ARBOR GLEN CIR  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: S ( ) Delete  
Name: HOBBS, SAMUEL  
Address: 1110 ARBOR GLEN CIRCLE  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: SDT ( ) Delete  
Name: DAKEL, JAN  
Address: 1125 ARBOR GLEN CIRCLE  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: TDV ( ) Delete  
Name: TRAVIESO, DION  
Address: 1147 ARBOR GLEN CIRCLE  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D ( ) Delete  
Name: GERVAIS, MARK  
Address: 1118 ARBOR GLEN CIRCLE  
City-St-Zip: WINTER SPRINGS, FL 32708

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

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: MARGARITA MARTINEZ

PRES

02/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date