## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 10, 2005 8:00 am Secretary of State

1. Entity Nam LITTLE H	MENT # N43596  ARBOR ON THE HILLSBOR  TION, INC.			01-10-200	5 90027 033 ****(	51.25		
Principal Place of Business 1101 LITTLE HARBOR DR DEERFIELD BEACH, FL 33441 US DEERFIELD BEACH, FL			1 ( <b>0</b> (1) (1) (1)	- 40000268 -				
2. Principal Place of Business 3. Mail		3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-NP	CR2E037 (10/03)	)	
City & State		City & State	City & State		, '502	i	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of	of Status Desired	\$8.75 A		
	6. Name and Address of Current I	Registered Agent		7. Name and	Address of New	Registered Agent		
DAV/IS DE	DDA D		Name					
DAVIS, DEBRA B 1101 LITTLE HARBOR DR DEERFIELD BEACH, FL 33441			Street A	Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Co	xde	
O The share	named entity submits this statement for	the evenes of chancing its			in the Chair of	1	<u> </u>	
SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Ref   Filling Fee is \$61.25   9. Election Campa								
SIGNATURE .	Filing Fee is \$61.25	9. Election Car	mpaign Financing	\$5.00 May Be Added to Fees	) FI	DATE  Make check payable lorida Department of		
SIGNATURE .	Filing Fee is \$61.25	9. Election Car Trust Fund (	mpaign Financing	\$5.00 May Be Added to Fees	FI	Make check payable	State	
10.	Filing Fee is \$61.25 Due by May 1, 2005  OFFICERS AND DIR	9. Election Car Trust Fund (	mpaign Financing Contribution.	\$5.00 May Be Added to Fees ADDITIONS/CHA	NGES TO OFFIC	Make check payable lorida Department of	State IN 10	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR