

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47387

FILED  
Aug 29, 2012  
Secretary of State

**Entity Name:** ARBOR POINTE UNIT FOUR OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

12058 SAN JOSE BLVD.  
SUITE 904  
JACKSONVILLE, FL 32223 US

**New Principal Place of Business:**

427 ASHCROFT LANDING DR.  
JACKSONVILLE, FL 32225 US

**Current Mailing Address:**

P.O. BOX 600033  
JACKSONVILLE, FL 32260

**New Mailing Address:**

427 ASHCROFT LANDING DR.  
JACKSONVILLE, FL 32225

FEI Number: 59-3125895

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

PROPERTY MANAGEMENT PARTNERS OF ST JOHNS,  
12058 SAN JOSE BLVD.  
SUITE 904  
JACKSONVILLE, FL 32223 US

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

MITROSKY, PAMELA M  
427 ASHCROFT LANDING DR.  
JACKSONVILLE, FL 32225 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: PAMELA M.MITROSKY

08/29/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: MITROSKY, PAMELA M  
Address: 427 ASHCROFT LANDING DR.  
City-St-Zip: JACKSONVILLE, FL 32235

I hereby 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 all other like empowered.

SIGNATURE: PAMELA M. MITROSKY

PRES

08/29/2012

Electronic Signature of Signing Officer or Director

Date