

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47388

FILED
Mar 26, 2007
Secretary of State

Entity Name: ARBOR POINTE UNIT THREE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

13363 CURRITUCK DR N
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

13245 ATLANTIC BLVD.
#4-267
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 59-3125903

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, COLLEEN
ATTORNEY AT LAW
2737 MADRID ST.
JACKSONVILLE BEACH, FL 32250 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: P () Delete
Name: KELLY, JOHN
Address: 13369 DIJON DR. E
City-St-Zip: JACKSONVILLE, FL 32225

Title: S () Delete
Name: DESALVO, GERRI
Address: 336 COREY DALE COURT
City-St-Zip: JACKSONVILLE, FL 32225

Title: T () Delete
Name: FENNIMORE, TERESA
Address: 13358 CURRITUCK DR N
City-St-Zip: JACKSONVILLE, FL 32225

Title: V () Delete
Name: SNYDER, JOHN
Address: 13399 CURRITUCK DR 14
City-St-Zip: JACKSONVILLE, FL 32225

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: TERESA FENNIMORE

T

03/26/2007

Electronic Signature of Signing Officer or Director

Date