

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50123

FILED  
May 06, 2009  
Secretary of State

**Entity Name:** THE ARBORS AT CORAL CREEK ASSOCIATION, INC.

**Current Principal Place of Business:**

953 UNIVERSITY DR  
POMPANO BEACH, FL 33071

**New Principal Place of Business:**

**Current Mailing Address:**

INTEGRITY PROPERTY MGR  
PO BOX 8726  
CORAL SPRINGS, FL 33075

**New Mailing Address:**

**FEI Number:** 65-0370574 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

WHITTLE, JOHN C  
953 UNIVERSITY DR  
CORAL SPRINGS, FL 33071 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: SD ( ) Delete  
Name: MABEL, PAUL  
Address: 5755 NW 48TH DR  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: TD ( ) Delete  
Name: SMITH, BRUCE  
Address: 5746 NW 48TH DR  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: PD ( ) Delete  
Name: RENKO, MITCHELL  
Address: 5734 NW 48TH CT  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: D ( ) Change (X) Addition  
Name: MILLER, DAN  
Address: 5758 NW 48TH DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D ( ) Change (X) Addition  
Name: GOOTAR, LOREN  
Address: 5789 NW 48TH DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33067

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: MITCHELL RENKO

PD

05/06/2009

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

\_\_\_\_\_  
Date