

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000835

FILED
Apr 23, 2007
Secretary of State

Entity Name: ARBOR OAKS OF PASCO COUNTY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5843 WINDTREE DR.
ZEPHYRHILLS, FL 33541 US

New Principal Place of Business:

Current Mailing Address:

5843 WINDTREE DR.
ZEPHYRHILLS, FL 33541 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WARD, DEBORAH L
36250 CENTURY DR
ZEPHYRHILLS, FL 33541 US

Name and Address of New Registered Agent:

LAFRINERE, JAMES G
36322 ARBOR OAKS DRIVE
ZEPHYRHILLS, FL 33541 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: JAMES G LAFRINERE

04/23/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAFRINERE, JIM
Address: 36322 ARBOR OAKS DR
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: VP () Delete
Name: CHIRCO, CHRIS
Address: 5828 WINDTREE DR
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: S () Delete
Name: BURKE, MARY JANE
Address: 36348 TIMBERWOOD DR
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: T () Delete
Name: WARD, DEBORAH L
Address: 36250 CENTURY DR
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: D () Delete
Name: PIGORS, DONALD
Address: 36300 TIMBERWOOD DR
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: D (X) Delete
Name: COOKSON, MARY
Address: 36402 TIMBERWOOD DR
City-St-Zip: ZEPHYRHILLS, FL 33541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LAFRINERE, JAMES G
Address: 36322 ARBOR OAKS DR
City-St-Zip: ZEPHYRHILLS, FL 33541

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

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

Title: D (X) Change () Addition
Name: BENSON, GEORGE
Address: 36406 ARBOR OAKS DRIVE
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: D (X) Change () Addition
Name: CHARLAND, ANN MARIE
Address: 36338 TIMBERWOOD DRIVE
City-St-Zip: ZEPHYRHILLS, FL 33541

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: JAMES G LAFRINERE

P

04/23/2007

Electronic Signature of Signing Officer or Director

Date