

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90053 045 ****78.75

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



Principal Place of Business
5843 WINDTREE DR.
ZEPHYRHILLS, FL 33541 US

Mailing Address
5843 WINDTREE DR.
ZEPHYRHILLS, FL 33541 US

40065756



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

03212008 Chg-NP CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LAFRINERE, JAMES G
36322 ARBOR OAKS DRIVE
ZEPHYRHILLS, FL 33541

7. Name and Address of New Registered Agent
Name Fountain, Rouse A.
Street Address (P.O. Box Number is Not Acceptable)
36312 Arbor Oaks Drive
City Zephyrhills FL Zip Code 33541

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Rouse A. Fountain Pres. DATE 4-2-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAFRINERE, JAMES G 36322 ARBOR OAKS DR ZEPHYRHILLS, FL 33541 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Fountain, Rouse A <input type="checkbox"/> Change <input type="checkbox"/> Addition 36312 Arbor Oaks Dr Zephyrhills, FL 33541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHIRCO, CHRIS 5828 WINDTREE DR ZEPHYRHILLS, FL 33541 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Charland, Don <input type="checkbox"/> Change <input type="checkbox"/> Addition 36338 Timberwood Zephyrhills, FL 33541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURKE, MARY JANE 36348 TIMBERWOOD DR ZEPHYRHILLS, FL 33541 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PASTERNAK, JAMES E <input type="checkbox"/> Change <input type="checkbox"/> Addition 36349 Century Dr. Zephyrhills, FL 33541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BENSON, GEORGE 36406 ARBOR OAKS DRIVE ZEPHYRHILLS, FL 33541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Currie, Joy <input type="checkbox"/> Change <input type="checkbox"/> Addition 36416 Arbor Oaks Dr Zephyrhills, FL 33541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARLAND, ANN MARIE 36338 TIMBERWOOD DRIVE ZEPHYRHILLS, FL 33541 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pauls, Bob <input type="checkbox"/> Change <input type="checkbox"/> Addition 5734 Windtree Dr. Zephyrhills, FL 33541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Liegenbein, Charles <input type="checkbox"/> Change <input type="checkbox"/> Addition 36424 Century Dr. Zephyrhills, FL 33541

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Rouse A. Fountain Pres. Rouse A. Fountain 4-2-08 813-783-2664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #