2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# N93000000835

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:

FOUNTAIN, ROUSE A
36312 ARBOR OAKS DRIVE
ZEPHYRHILLS, FL 33541 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:	FOUNTAIN, ROUSE A	
Address:	36312 ARBOR OAKS DR	
City-St-Zip:	ZEPHYRHILLS, FL 33541	
Title:	D	( ) Delete
Name:	CHARLAND, DON	
Address:	36338 TIMBERWOOD	
City-St-Zip:	ZEPHYRHILLS, FL 33541	
Title:	S	( ) Delete
Name:	PASTERNAK, JAMES E	
Address:	36349 CENTURY DR	
City-St-Zip:	ZEPHYRHILLS, FL 33541	
Title:	D	( ) Delete
Name:	BENSON, GEORGE	
Address:	36406 ARBOR OAKS DRIVE	
City-St-Zip:	ZEPHRYHILLS, FL 33541	
Title:	D	( ) Delete
Name:	PAULS, BOB	
Address:	5734 WINTREE DR	
City-St-Zip:	ZEPHYRHILLS, FL 33541	
Title:	D	( ) Delete
Name:	ZIEGENBEIN, CHARLES	
Address:	36424 CENTURY DR	
City-St-Zip:	ZEPHYRHILLS, FL 33541	

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:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	ZIEGENBEIN, NANCY	
Address:	36424 CENTURY DR	
City-St-Zip:	ZEPHYRHILLS, FL 33541	

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: ROUSE A FOUNTAIN P 04/07/2009
Electronic Signature of Signing Officer or Director — Date