
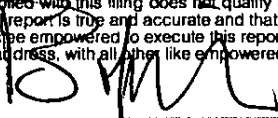


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2008 08:00 AM
Secretary of State

DOCUMENT # N93000001031		
1. Entity Name ARBORETUM AT DAVIE HOMEOWNERS' ASSOCIATION, INC.		
Principal Place of Business 12445 SW 9 PLACE DAVIE, FL 33325 US		Mailing Address POST OFFICE BOX 551837 DAVIE, FL 33355
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GREEN, BRUCE D 600 S. ANDREWS AVENUE SUITE 400 FT. LAUDERDALE, FL 33301		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PRES BOLINGER, MICHAEL 12445 SW 9 PLACE DAVIE, FL 33325	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP HABERLAND, KEN PO BOX 551837 DAVIE, FL 33355	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TREA CARRERAS, JANINE PO BOX 551837 DAVIE, FL 33325	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SECY DANSKY, MARY CATHERINE PO BOX 551837 DAVIE, FL 33355	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



02262008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0406232	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U000000870459
04/09/08-80089-015 61.25

**DO NOT WRITE
IN THIS SPACE**

03/15/08 **959 415 7277**