2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: ARBOR OAKS OF SARASOTA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5077 FRUITVILLE RD.
SUITE 231
SARASOTA, FL 34232 US

New Principal Place of Business:

Current Mailing Address:

5077 FRUITVILLE RD.
SUITE 231
SARASOTA, FL 34232 US

New Mailing Address:

FEI Number: 65-0393729 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HAYES, ROBERT W
23 ARBOR OAKS DR
SARASOTA, FL 34232 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: PD
Name: HAYES, ROBERT W
Address: 23 ARBOR OAKS DR.
City-St-Zip: SARASOTA, FL 34232

Title: D
Name: ANGEL, MARGARET
Address: 43 ARBOR OAKS DR.
City-St-Zip: SARASOTA, FL 34232

Title: SD
Name: NEWMAN, MAHRA
Address: 47 ARBOR OAKS DR
City-St-Zip: SARASOTA, FL 34232

Title: TD
Name: LEE, MARY L
Address: 36 ARBOR OAKS DR
City-St-Zip: SARASOTA, FL 34232

Title: VPD
Name: AMORES, ELADIO
Address: 32 ARBOR OAKS DR
City-St-Zip: SARASOTA, FL 34232

Title: D
Name: ALMOND, JOHN
Address: 71 ARBOR OAKS DR
City-St-Zip: SARASOTA, FL 34232

I hereby 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 all other like empowered.

SIGNATURE: ROBERT W. HAYES PD 01/09/2012

Electronic Signature of Signing Officer or Director Date