2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003347

Mar 31, 2009 Secretary of State

FILED

Entity Name: THE ARBORS VILLAGE ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

314 NE 3RD ST BOYNTON BEACH, FL 33435

New Mailing Address: Current Mailing Address:

P.O. 1562 HOBE SOUND, FL 33475

FEI Number: 65-0569420 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RYDZEWSKI, ROBERT G JR., ESQ LAW OFFICES OF CORNETT, GOOGE & ASSOCIATES 401 SE OSCEOLA ST STUART, FL 34994 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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete TOWERS, PAT TOWERS, PAT Name: Name:

PO BOX 587 Address: PO BOX 587 Address:

City-St-Zip: HOBE SOUND, FL 33475 City-St-Zip: HOBE SOUND, FL 33475

Title: () Delete Title: (X) Change () Addition BOWEN, FRED S Name: BOWEN-SMITH, FRED Name:

Address: 5754 SE FOREST BLADE TRAIL Address: 5754 SE FOREST BLADE TRAIL City-St-Zip: HOBE SOUND, FL 33475 City-St-Zip: HOBE SOUND, FL 33475

Title: () Delete Title: (X) Change () Addition WILLIAM, TULKO WILLIAM, TULKO Name: Name:

8056 SE SEQUOIA DRIVE 8056 SE SEQUOIA DRIVE Address: Address: City-St-Zip: HOBE SOUND, FL 33475 City-St-Zip: HOBE SOUND, FL 33475

Title: () Delete Title: VΡ (X) Change () Addition GILLS, JUDY BERGER, PHILLIP Name: Name:

8021 SE SEQUOLA DRIVE 7825 SE BIGHORN DRIVE Address: Address: City-St-Zip: HOBE SOUND, FL 33475 City-St-Zip: HOBE SOUND, FL 33475

Title: () Delete Title: (X) Change () Addition

HOLLINGSWORTH, SAM MILAZZO, STEPHANIE Name: Name: 5741 SE FOREST GLADE TRAIL 7654 SE MUIR WOODS LANE Address: Address: City-St-Zip: HOBE SOUND, FL 33475 City-St-Zip: HOBE SOUND, FL 33475

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: SHERI MCKENZIE **BKPR** 03/31/2009