

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90021 008 ****61.25

DOCUMENT # N94000004854					
1. Entity Name ARBOR LAKES OF HILLSBOROUGH COUNTY HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business GREENACRE PROPERTIES 4131 GUNN HIGHWAY TAMPA, FL 33618 US			Mailing Address 4131 GUNN HIGHWAY TAMPA, FL 33618		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3301799	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DUARTE, III, ANTONIO P.A. 6221 LAND O' LAKES BLVD LAND O' LAKES, FL 34638				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
FL				Zip Code	
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 reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TAMBASCO, LILLIAN <input checked="" type="checkbox"/> Delete 15019 ARBOR HOLLOW DRIVE ODESSA, FL 33556				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD RICE, JIM <input checked="" type="checkbox"/> Delete 9222 BRINDLEWOOD DRIVE ODESSA, FL 33556				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MALLMANN, JOSEPH <input checked="" type="checkbox"/> Delete 9210 BRINDLEWOOD DR ODESSA, FL 33556				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WALSH, DOROTHY <input checked="" type="checkbox"/> Delete 15017 ARBOR HOLLOW DRIVE ODESSA, FL 33556				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RUSSO, MARTY <input checked="" type="checkbox"/> Delete 9245 BRINDLEWOOD DR. ODESSA, FL 33556				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SPINA, RON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9205 BRINDLEWOOD DRIVE ODESSA, FL 33556				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BUFFINGTON, BECKY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9122 CYPRESS KEEP LANE ODESSA, FL 33556				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BOURQUE, MARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 15216 ARBOR HOLLOW DRIVE ODESSA, FL 33556				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LOREY, RICHARD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 15209 HAMMOCK CHASE ODESSA, FL 33556				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COHN, MARTIN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 15211 ARBOR HOLLOW DRIVE ODESSA, FL 33556				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
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: <i>Richard J. Lorey</i> RICHARD J. LOREY 3/15/07 813-45-2550 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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