

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90213 017 \*\*\*\*61.25

<b>DOCUMENT # N95000003185</b> 1. Entity Name THE ARBORS HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 970 ARAGON AVE WINTER PARK, FL 32789				Mailing Address 970 ARAGON AVE WINTER PARK, FL 32789	
2. Principal Place of Business 962 ARAGON Ave. Suite, Apt. #, etc. N/A		3. Mailing Address 962 ARAGON Ave. Suite, Apt. #, etc. N/A			
City & State Winter Park, FL Zip 32789		City & State Winter Park, FL Zip 32789		4. FEI Number 59-3364028	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MATTAR, ROLF 970 ARAGON AVE WINTER PARK, FL 32789			7. Name and Address of New Registered Agent Name Jim Bulger Street Address (P.O. Box Number is Not Acceptable) 962 ARAGON Avenue City Winter Park FL Zip Code 32789		
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 <u>Jim Bulger</u> DATE <u>04-29-06</u> <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, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MATTAR, ROLF 970 ARAGON AVE WINTER PARK, FL 32789		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jim Bulger 962 ARAGON Avenue WINTER PARK, FL 32789 Pres.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KOON, KAREN P 972 ARAGON AVE WINTER PARK, FL 32789		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Diane Mattar 970 ARAGON Avenue Treasurer WINTER PARK, FL 32789	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: <u>Diane Mattar</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04-29-06 407-539-0773 <small>Date Daytime Phone #</small>		