


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 08:00 A
Secretary of State

DOCUMENT # N95000003185
 1. Entity Name
 THE ARBORS HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business Mailing Address
 962 ARAGON AVE 962 ARAGON AVE
 WINTER PARK, FL 32789 WINTER PARK, FL 32789

DO NOT WRITE IN THIS SPACE



03302007 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
 59-3364028 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BULGER, JIM
 962 ARAGON AVE
 WINTER PARK, FL 32789

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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: James Bulger, President DATE: 04/15/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee Is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BULGER, JIM
STREET ADDRESS	962 ARAGON AVE
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	T
NAME	MATTAR, DIANE
STREET ADDRESS	970 ARAGON AVE
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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UD0000718321
 05/01/07-80017-017 61.25

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: S. Diane Mattar, Treasurer Date: 04/15/07 Daytime Phone #: 407-421-7980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #