

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003185

FILED
Apr 13, 2008
Secretary of State

Entity Name: THE ARBORS HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

962 ARAGON AVE
WINTER PARK, FL 32789

New Principal Place of Business:

960 ARAGON AVE
WINTER PARK, FL 32789

Current Mailing Address:

962 ARAGON AVE
WINTER PARK, FL 32789

New Mailing Address:

960 ARAGON AVE
WINTER PARK, FL 32789

FEI Number: 59-3364028

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BULGER, JIM
962 ARAGON AVE
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

KING, JIMMIE L
960 ARAGON AVE
WINTER PARK, FL 32789 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: JIMMIE L. KING

04/13/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BULGER, JIM
Address: 962 ARAGON AVE
City-St-Zip: WINTER PARK, FL 32789

Title: T () Delete
Name: MATTAR, DIANE
Address: 970 ARAGON AVE
City-St-Zip: WINTER PARK, FL 32789

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TAYLOR, DAVID
Address: 972 ARAGON AVE
City-St-Zip: WINTER PARK, FL 32789

Title: T (X) Change () Addition
Name: KING, JIMMIE L
Address: 960 ARAGON AVE
City-St-Zip: WINTER PARK, FL 32789

Title: VP () Change (X) Addition
Name: JIM, BULGER
Address: 962 ARAGON AVENUE
City-St-Zip: WINTER PARK, FL 32789

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: JIMMIE L. KING

T

04/13/2008

Electronic Signature of Signing Officer or Director

Date