


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 01, 2006 8:00 am**  
**Secretary of State**

09-01-2006 90002 033 \*\*\*\*70.00

<b>DOCUMENT # N97000001075</b>			
1. Entity Name <b>HOMEOWNERS ASSOCIATION OF ARCADIA VILLAGE COUNTRY CLUB, INC.</b>			
Principal Place of Business 2692 NE HWY 70 LOT 18 ARCADIA FL 34266 US		Mailing Address 2692 NE HWY 70 LOT 18 ARCADIA FL 34266 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-3435745</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate or Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	



2nd MOORE CR2E037 (4/06)

6. Name and Address of Current Registered Agent <b>MCLAUCHLAN, IAN 2692 NE HWY 70 LOT 458 ARCADIA FL 34266</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	Zip Code
		<b>FL</b>	

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 *IAN R MCLAUCHLAN* **IAN R MCLAUCHLAN** **8-25-2006**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

<b>FILE NOW: FEE IS \$61.25 Due By September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>MCLAUCHLAN, IAN</b> <b>2692 NE HWY 70 LOT 458</b> <b>ARCADIA FL 34266</b> <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	<b>D</b> <b>MARTIN, NORMA</b> <b>2692 NE HWY 70 LOT 20</b> <b>ARCADIA FL 34266</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>THOMAS ROMANO</b> <b>2692 NE HWY 70 LOT 444</b> <b>ARCADIA, FL 34266</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DT</b> <b>WARD, JOHN</b> <b>2692 NE HWY 70 LOT 135</b> <b>ARCADIA FL 34266</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>KOIS MCMAHON</b> <b>2692 NE HWY 70 LOT 785</b> <b>ARCADIA, FL 34266</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D2VP</b> <b>SNYDER, DIANNE</b> <b>2692 NE HWY 70 LOT 447</b> <b>ARCADIA FL 34266</b> <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	<b>D</b> <b>SHORE, JACK</b> <b>2692 NE HWY 70 LOT 658</b> <b>ARCADIA FL 34266</b> <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	<b>D1VP</b> <b>PERRY, BILL</b> <b>2692 NE HWY 70 LOT 450</b> <b>ARCADIA FL 34266</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DIRECTOR</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>JUDY DUFF</b> <b>2692 NE HWY 70 LOT 44</b> <b>ARCADIA, FL 34266</b>

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: *IAN R MCLAUCHLAN* **IAN R MCLAUCHLAN** **8-25-2006** **863-494-1316**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #