2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006
Secretary of State

DOCUMENT# N98000005520

Entity Name: ARBOR GREENE OF NEW TAMPA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3434 COLWELL AVE.
SUITE 200
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

3434 COLWELL AVE.
SUITE 200
TAMPA, FL 33614

New Mailing Address:

FEI Number: 59-3537771 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIZZETTA & COMPANY INC.
3434 COLWELL AVE.
SUITE 200
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	URSO, LESLIE	
Address:	10212 WATERSIDE OAKS DRIVE	
City-St-Zip:	TAMPA, FL 33647	
Title:	VP	( ) Delete
Name:	LACHES, PETER	
Address:	18012 FOREST RETREAT	
City-St-Zip:	TAMPA, FL 33647	
Title:	T	( ) Delete
Name:	TESH, LISA	
Address:	10226 EVERGREEN HILL DRIVE	
City-St-Zip:	TAMPA, FL 33647	
Title:	S	(X) Delete
Name:	HARTNAGEL, DOUG	
Address:	18153 HERON WALK DRIVE	
City-St-Zip:	TAMPA, FL 33647	
Title:	D	(X) Delete
Name:	PIKE, ED	
Address:	18042 ARBOR CREST DRIVE	
City-St-Zip:	TAMPA, FL 33647	
Title:	D	(X) Delete
Name:	SZEMATOWICZ, JOE	
Address:	10229 ARBORSIDE DRIVE	
City-St-Zip:	TAMPA, FL 33647	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	P-D	(X) Change ( ) Addition
Name:	TESH, LISA	
Address:	10226 EVERGREENE HILL DRIVE	
City-St-Zip:	TAMPA, FL 33647	
Title:	VP-D	(X) Change ( ) Addition
Name:	HUSKO, JOE	
Address:	18120 HERON WALK DRIVE	
City-St-Zip:	TAMPA, FL 33647	
Title:	T-D	(X) Change ( ) Addition
Name:	VETTER, ART	
Address:	18030 ARBOR CREST DRIVE	
City-St-Zip:	TAMPA, FL 33647	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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: LISA TESH P-D 04/24/2006

Electronic Signature of Signing Officer or Director — Date