## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000005520

FILED Apr 25, 2007 Secretary of State

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

Current Principal Place of Business:		New Principal Place of Business:	New Principal Place of Business:	
3434 COL' SUITE 200 FAMPA, F		3434 COLWELL AVENUE SUITE 200 TAMPA, FL 33614		
Current Mailing Address:		New Mailing Address:		
3434 COL' SUITE 200 FAMPA, F		3434 COLWELL AVENUE SUITE 200 TAMPA, FL 33614		
El Number	: 59-3537771 FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status Desir	red ( )	
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:		
B434 COL' BUITE 200 FAMPA, F	L 33614 US	purpose of changing its registered office or registered agent	t, or botl	
	e of Florida.			
SIGNATUI	RE: Electronic Signature of Registered Ac	ent Date		
DEFICER:	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTO	
Title: Name: Address: Dity-St-Zip:	P-D ( ) Delete TESH, LISA 10226 EVERGREENE HILL DRIVE TAMPA, FL 33647  VP-D ( ) Delete	Title: P (X) Change ( ) Addition Name: HARTNAGEL, DOUG Address: 18153 HERON WALK DRIVE City-St-Zip: TAMPA, FL 33647  Title: VP (X) Change ( ) Addition		
ïtle:	HISKO IOE	Name: TECH LICA		
lame: .ddress: city-St-Zip: ïtle:	HUSKO, JOE 18120 HERON WALK DRIVE TAMPA, FL 33647 T-D ( ) Delete VETTER, ART	Name: TESH, LISA Address: 10226 EVERGREENE HILL DRIVE City-St-Zip: TAMPA, FL 33647  Title: S (X) Change ( ) Addition Name: CORCORAN, STEVE		
ame: ddress: iity-St-Zip: itle: lame: ddress: ity-St-Zip:	18120 HERON WALK DRIVE TAMPA, FL 33647 T-D ( ) Delete VETTER, ART 18030 ARBOR CREST DRIVE TAMPA, FL 33647	Address: 10226 EVERGREENE HILL DRIVE City-St-Zip: TAMPA, FL 33647  Title: S (X) Change ( ) Addition Name: CORCORAN, STEVE Address: 10214 THICKET POINTE DRIVE City-St-Zip: TAMPA, FL 33647		
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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: DOUG HARTNAGEL P 04/25/2007