## 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N98000005520

RT FILED Apr 29, 2009 Secretary of State

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

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
1799-B NORTH BELCHER ROAD SUITE B CLEARWATER, FL 33765				24701 US HIGHWAY 19 N #102 CLEARWATER, FL 33763	
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
P.O. BOX CLEARWA	14367 ATER, FL 337	66			
FEI Number:	: 59-3537771	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	l Address of (	Current Registered Agent:	Name and Address	of New Registered Agent:	
AMERI-TECH REALTY, INC. 1799-B NORTH BELCHER ROAD SUITE B CLEARWATER, FL 33765 US			24701 US HIGHWA`	AMERI-TECH REALTY, INC. 24701 US HIGHWAY 19 N #102 CLEARWATER, FL 33763 US	
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its register	red office or registered agent, or both,	
SIGNATU	RE: MICHAEI	L G PEREZ, PRESIDENT		04/29/2009	
	Electron	nic Signature of Registered Age	ent	Date	
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANG	GES TO OFFICERS AND DIRECTOR	
Fitle: Name: Address: City-St-Zip:	P ( HARTNAGEL, I 18153 HERON TAMPA, FL 33	WALK DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Fitle: Name: Address: City-St-Zip:	TESH, LISA	) Delete REENE HILL DRIVE 1647	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Fitle: Name: Address: City-St-Zip:	NOAH, BELIND	ER POINTE DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Fitle: Name: Address: City-St-Zip:	VETTER, ART	) Delete CREST DRIVE 647	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Fitle: Name: Address: City-St-Zip:	D ( JACKSON, BE <sup>*</sup> 10106 ARBOR TAMPA, FL 33	RUN DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Γitle:	•	) Delete THANIEL	Title: Name:	( ) Change ( ) Addition	

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 PD 04/29/2009