2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003
Secretary of State

DOCUMENT# N98000005520

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

Current Principal Place of Business:

3550 BUSCHWOOD PARK DRIVE
SUITE 135
TAMPA, FL 33618

New Principal Place of Business:

3434 COLWELL AVE.
SUITE 200
TAMPA, FL 33614

Current Mailing Address:

3550 BUSCHWOOD PARK DRIVE
SUITE 135
TAMPA, FL 33618

New Mailing Address:

3434 COLWELL AVE.
SUITE 200
TAMPA, FL 33614

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

Name and Address of Current Registered Agent:

WILLIAMS, PETE
3550 BUSCHWOOD PARK DRIVE
SUITE 135
TAMPA, FL 33618

Name and Address of New Registered Agent:

WILLIAMS, PETE
3434 COLWELL AVE.
SUITE 200
TAMPA, FL 33614

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: _____ 04/21/2003
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FUNK, CHARLES B
Address: 601 BAYSHORE BOULEVARD #650
City-St-Zip: TAMPA, FL 33606

Title: D ( ) Delete
Name: MEEHAN, JEFFREY B
Address: 601 BAYSHORE BOULEVARD #650
City-St-Zip: TAMPA, FL 33606

Title: D ( ) Delete
Name: BLAKLEY, JOHN C
Address: 18000 ARBOR GREENE DRIVE
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: ALLEN, SCOTT
Address: 18000 ARBOR GREENE DRIVE
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CHARLES FUNK DIR 04/21/2003
Electronic Signature of Signing Officer or Director — Date