


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90817 007 ****61.25

DOCUMENT # N99000005779	
1. Entity Name ARBOR GLEN PROPERTY OWNERS' ASSOCIATION, INC.	

Principal Place of Business 409 E. COLLEGE AVE. RUSKIN, FL 33570	Mailing Address PO BOX 1058 RUSKIN, FL 33575
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

400000000



01172007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3604961	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WILSON, LOU ELLEN 409 E. COLLEGE AVE. RUSKIN, FL 33575		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		Zip Code	

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 _____	DATE _____


**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHEA, JOE	NAME	
STREET ADDRESS	2222 PRESERVATION DR	STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> Delete	TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARPE, MIKE	NAME	
STREET ADDRESS	2208 ARBOR GLEN CT.	STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTHFELD, NEIL S	NAME	
STREET ADDRESS	2254 PRESERVATION GREEN CT.	STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	DNP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINGERTOT, CARL	NAME	
STREET ADDRESS	2205 ARBOR GLEN CT.	STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BONVERAT, RONALD	NAME	JOHN MADER
STREET ADDRESS	1114 VILLEROY DR	STREET ADDRESS	2243 PRESERVATION DR.
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	CITY-ST-ZIP	SUN CITY CENTER, FL 33573
TITLE	<input type="checkbox"/> Delete	TITLE	D/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	RONALD ENGLER
STREET ADDRESS		STREET ADDRESS	2225 PRESERVATION DR.
CITY-ST-ZIP		CITY-ST-ZIP	SUN CITY CENTER, FL 33573

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: 	Date: 4-15-07	Daytime Phone #: (813) 645-1569
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MICHAEL SHARPE