

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000005779

**FILED**  
**Mar 23, 2010**  
**Secretary of State**

**Entity Name:** ARBOR GLEN PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

409 E. COLLEGE AVE.  
RUSKIN, FL 33570

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1058  
RUSKIN, FL 33575

**New Mailing Address:**

**FEI Number:** 59-3604961

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILSON, LOU ELLEN  
409 E. COLLEGE AVE.  
RUSKIN, FL 33575 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:** D/P  
**Name:** SHARPE, MIKE  
**Address:** 2208 ARBOR GLEN CT.  
**City-St-Zip:** SUN CITY CENTER, FL 33573

**Title:** DS  
**Name:** MADER, JOHN  
**Address:** 2243 PRESTERVATION DR.  
**City-St-Zip:** SUN CITY CENTER, FL 33573

**Title:** DVP  
**Name:** LINGERTOT, CARL  
**Address:** 2205 ARBOR GLEN CT.  
**City-St-Zip:** SUN CITY CENTER, FL 33573

**Title:** DT  
**Name:** PARKER, WILL  
**Address:** 2245 PRESERVATION DR.  
**City-St-Zip:** SUN CITY CENTER, FL 33573

I hereby 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 all other like empowered.

**SIGNATURE:** MIKE SHARPE

PRES

03/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date