2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000055425

1. Entity Name

ARBOR LAKE DEVELOPMENT CORPORATION OF SARASOTA



FILED Apr 26, 2007 08:00 AM Secretary of State

Principal Place of Business

1548 THE GRENS WAY

SUITE 3

JACKSONVILLE BEACH, FL 32250 U

Mailing Address

1548 THE GRENS WAY

SUITE 3

DO NOT WRITE IN THIS SPACE

JACKSONVILLE BEACH, FL 32250



04122007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0472347 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

DEVLIN, WALLACE R. JR 1548 THE GREENS WAY SUITE 3

JACKSONVILLE BEACH, FL 32250

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, yound or puriled name of registered agent and tile if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Prust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE POEVLIN, WALLACE STREET ADDRESS 1548 THE GREENS WAY JACKSONVILLE BEACH, FL 32250 TITLE NAME DEVLIN, JR., WALLACE R. STREET ADDRESS CITY-SI-ZIP JACKSONVILLE BEACH, FL 32250 TITLE NAME DEVLIN, JR., WALLACE R. STREET ADDRESS CITY-SI-ZIP JACKSONVILLE BEACH, FL 32250 TITLE NAME DEVLIN, JR., WALLACE R. 1548 THE GREENS WAY, SUITE 3 JACKSONVILLE BEACH, FL 32250 TITLE NAME DEVLIN, JR., WALLACE R. 1500000734126 05/09/07-80112-020 150.00
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12. I hereby certify that the information supplied with this filling 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 607, 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.

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CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Date

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