

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743292

FILED  
Feb 13, 2009  
Secretary of State

Entity Name: LAKE ARROWHEAD CONDOMINIUM OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

381 INTERSTATE BLVD  
SARASOTA, FL 34232

**New Principal Place of Business:**

**Current Mailing Address:**

381 INTERSTATE BLVD  
SARASOTA, FL 34232

**New Mailing Address:**

FEI Number: 59-2437906

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SUN VAST MANAGEMENT  
381 INTERSTATE BLVD  
SARASOTA, FL 34240 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: PD ( ) Delete  
Name: MARSHALL, MARIA  
Address: 5306 LAKE ARROWHEAD TRL  
City-St-Zip: SARASOTA, FL 34231

Title: VD ( ) Delete  
Name: GILLEY, HENRY  
Address: 5318 LAKE ARROWHEAD TRL  
City-St-Zip: SARASOTA, FL 34231

Title: D ( ) Delete  
Name: YAVIS, JOHN  
Address: 5337 LAKE ARROWHEAD TRAIL  
City-St-Zip: SARASOTA, FL 34231

Title: SD (X) Delete  
Name: LANG, NANCY  
Address: 5361 LAKE ARROWHEAD TRAIL  
City-St-Zip: SARASOTA, FL 34231

Title: DT (X) Delete  
Name: DEMBY, MARY JO  
Address: 5206 LAKE ARROWHEAD TRAIL  
City-St-Zip: SARASOTA, FL 34231

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: HULTZ, ROBERT  
Address: 5420 LAKE ARROWHEAD TRAIL  
City-St-Zip: SARASOTA, FL 34231

Title: SD (X) Change ( ) Addition  
Name: LANG, NANCY  
Address: 5361 LAKE ARROWHEAD TRAIL  
City-St-Zip: SARASOTA, FL 34231

Title: DT (X) Change ( ) Addition  
Name: WIRUTH, MARK  
Address: 5359 LAKE ARROWHEAD TRAIL  
City-St-Zip: SARASOTA, FL 34231

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

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

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: ROBERT HULTZ

P

02/13/2009

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

\_\_\_\_\_  
Date