SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 🕟 💃

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 766882

(5)

ARROWHEAD LAKE ESTATES HOMEOWNER'S ASSOCIATION,

Principal Place of Business

Mailing Address

FILED Sep 03 1997 8:00am Secretary of State



Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Suite, Apt. #, etc. City & State Suite, Apt. #, etc. City & State Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Fee Required \$5.00 May Be	3212 ELCANO LANE CANTONMENT FL 32533				3212 ELCANO LANE CANTONMENT FL 32533					DO NOT	MOITE	(A) T1/20 (20405		
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Personal Property Tax due June 30.	23			28											
9. Name and Address of Current Registered Agent GASI, STANLEY 3212 ELCANO LANE CANTONMENT FL 32533 84 City FL 85 Zip Code 11. Pursuant to the provisions of Socious 617 0502 and 617 1505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Socious 617 0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Socious 617 0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Socious 617 0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Socious 617 0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Socious 617 0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. 11. Pursuant to the provisions of Socious 617 0502 and 617 0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. 12. Cofficient familiar with, and accept the obligations of, Socious 617 0503, Florida Statutes, the above named corporations butter the above or		1.5	Lountry		Zip	⊢	 -			•	•	_			
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3212 ELCANO LANE CANTONMENT FL 32533 88 49 City FL 85 Zip Code 11. Pursuant to the provisions of Socions 517.0502 and 517.1508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent. It am familiar with, and accept the obligations of, Section 617.0503, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered agent. It am familiar with, and accept the obligation of, Section 617.0503, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered agent. It am familiar with, and accept the obligation of, Section 617.0503, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered agent. It am familiar with, and accept the obligation of, Section 617.0503, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered agent. It also accept the appointment as registered agent. It also accept the purpose of changing its registered agent. It also accept the purpose of changing its registered agent. It also accept the purpose of corporations accept the appointment as registered agent. It also accept the purpose of corporations accept the appointment as registered accept the purpose of corporations accept the appointment as registered accept the purpose of purpose accept the appointment as registered accept the purpose of purpose accept the appointment as registered accept the purpose accept the appointment as registered accept the purpose accept the appointment as registered accept the purpose acce	····	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-			81	Name				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,		
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Same					82 Stre			Street	it Address (P.O. Box Number is Not Acceptable)						
### City ### In the provisions of Sactions 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of, Saction 617.0502 and accept the obligations of, Saction 617.0502 in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Saction 617.0502 in the Composition's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Saction 617.0502 in the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Saction 617.0502 in the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with a province where reintailing. DATE															
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12	11. Pursuant office or r agent. I s	to the provisions registered agent am familiar with,	of Sections 617.0 , or both, in the Sta and accept the obl	502 and 6 de of Floric igations of	17.1508, Florida Stati da. Such change was I, Section 617.0503, F	utes, the at authorized Florida Stat	bove d by utes	e-named the corp s.	d corporation rporation's	on submits this statement i board of directors. I hereb	or the pi y accep	urpose of t the app	changir ointmen	ng its re Las regi	gistered istered
12.	SIGNATURE	Signature, typed or pr	inted name of registered (oliil bos tupps	if applicable (NC	OTE: Registered	d Age	ent signature	re required whe	n reinstating)		DATE			
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on nereby certify that the information supplied with this tiling does not quality for the exemption stated in Section 119.0/(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.