
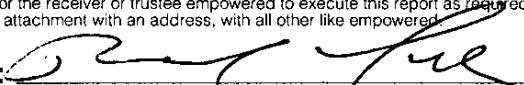


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90365 021 ****61.25

DOCUMENT # 743292 1. Entity Name LAKE ARROWHEAD CONDOMINIUM OWNERS ASSOCIATION, INC.						
Principal Place of Business 381 INTERSTATE BLVD SARASOTA, FL 34232			Mailing Address 381 INTERSTATE BLVD SARASOTA, FL 34232			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip		Country		Zip		
6. Name and Address of Current Registered Agent SUN VAST MANAGEMENT 381 INTERSTATE BLVD SARASOTA, FL 34240				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL 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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
Make check payable to Florida Department of State						
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEE, RICHARD			NAME		
STREET ADDRESS	5320 LAKE ARROWHEAD TRAIL			STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34231			CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHALARE, ANITA			NAME		
STREET ADDRESS	5308 LAKE ARROWHEAD TRAIL			STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34231			CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YAVIS, JOHN			NAME		
STREET ADDRESS	5337 LAKE ARROWHEAD TRAIL			STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34231			CITY-ST-ZIP		
TITLE	SD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANG, NANCY			NAME		
STREET ADDRESS	5361 LAKE ARROWHEAD TRAIL			STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34231			CITY-ST-ZIP		
TITLE	DT <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEMBY, MARY JO			NAME		
STREET ADDRESS	5206 LAKE ARROWHEAD TRAIL			STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34231			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
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: 12 APRIL '06 (44) 921-5541		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						