

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northerm  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JAN 26 PM 3:43

DOCUMENT # **737593** (4)

1. Corporation Name  
**ARROWHEAD MOBILE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
C/O LEE BEDLE 4170 8TH COURT LANTANA FL 33462  
C/O LEE BEDLE 4170 8TH COURT LANTANA FL 33462

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/21/1976** 3a. Date of Last Report **03/08/1994**  
4. FEI Number **59-2667502** Applied For  Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 **40 CHARLOTTE ERWOOD** 26 **C/O CHARLOTTE ERWOOD**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **6134 NORTH JOSHUA LN.** 27 **6134 NORTH JOSHUA LN.**  
City & State City & State  
23 **LANTANA, FLORIDA** 28 **LANTANA, FLORIDA**  
Zip Country Zip Country  
24 **33462** 25 **U.S.A.** 29 **33462** 30 **U.S.A.**

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**MARTIN, JOANNA R  
HARRIS & MARTIN, P.A.  
300 COLORADO AVE., SUITE 210  
STUART FL 33494**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b>
NAME	<b>ERWOOD, CHARLOTTE</b>
STREET ADDRESS	<b>6134 N JOSHUA LANE</b>
CITY-ST-ZIP	<b>LANTANA FL</b>
TITLE	<b>D</b>
NAME	<b>WESTRA, MARTHA</b>
STREET ADDRESS	<b>4180 8TH COURT</b>
CITY-ST-ZIP	<b>LANTANA FL</b>
TITLE	<b>T</b>
NAME	<b>JEPSEN, CHRISTIAN</b>
STREET ADDRESS	<b>6330 BIRCH LANE</b>
CITY-ST-ZIP	<b>LANTANA FL</b>
TITLE	<b>D</b>
NAME	<b>CARROLL, EDNA</b>
STREET ADDRESS	<b>6440 DOGWOOD LANE</b>
CITY-ST-ZIP	<b>LANTANA FL</b>
TITLE	<b>S</b>
NAME	<b>FRICKE, BEVERLY J.</b>
STREET ADDRESS	<b>6276 FICUS LANE</b>
CITY-ST-ZIP	<b>LANTANA FL</b>
TITLE	<b>D</b>
NAME	<b>ASHCRAFT, EUNICE</b>
STREET ADDRESS	<b>6290 S ASH LN</b>
CITY-ST-ZIP	<b>LANTANA FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>JEAN YAREMA</b>
1.3 STREET ADDRESS	<b>4220 8TH COURT</b>
1.4 CITY-ST-ZIP	<b>LANTANA, FL. 33462</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>VP ART COLWELL</b>
2.3 STREET ADDRESS	<b>6124 N. GURVA LN.</b>
2.4 CITY-ST-ZIP	<b>LANTANA, FL. 33462</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>JOHN DAVIS</b>
3.3 STREET ADDRESS	<b>4198 6TH COURT</b>
3.4 CITY-ST-ZIP	<b>LANTANA, FL 33462</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>DEA MERRILL</b>
4.3 STREET ADDRESS	<b>4164 6TH COURT</b>
4.4 CITY-ST-ZIP	<b>LANTANA, FL. 33462</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>PAUL HLADICK</b>
5.3 STREET ADDRESS	<b>4090 4TH COURT</b>
5.4 CITY-ST-ZIP	<b>LANTANA, FL. 33462</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an affidavit.

SIGNATURE: Charlotte M. Erwood (401) 439-9975  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #