

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 737593 (4)
1. Corporation Name
ARROWHEAD MOBILE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business C/O CHARLOTTE ERWOOD 6134 N JOSHUA LN. LANTANA FL 33462 US	Mailing Address C/O CHARLOTTE ERWOOD 6134 N JOSHUA LN. LANTANA FL 33462 US
Arthur Colwell-P	Arthur Colwell-P

3. Date Incorporated or Qualified 12/21/1976	3a. Date of Last Report 01/26/1995
4. FEI Number 59-2667502	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 6124 N. Guava LN.	2a. Mailing Address 26 6124 N. Guava LN.
Suite, Apt. #, etc. 22 Lantana, FL.	Suite, Apt. #, etc. 27 Lantana, FL.
City & State 23	City & State 28
Zip 24 33462	Country 25 U.S.
Zip 29 33462	Country 30 U.S.

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	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code

11. Pursuant to the provisions of Sections 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, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAREMA, JEAN	1.2 NAME	Charlotte Erwood
STREET ADDRESS	4220 8TH CT.	1.3 STREET ADDRESS	6134 N. Joshua LN.
CITY-ST-ZIP	LANTANA FL	1.4 CITY-ST-ZIP	Lantana, FL. 33462
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTRA, MARTHA	2.2 NAME	John Davis
STREET ADDRESS	4180 8TH COURT	2.3 STREET ADDRESS	6387 Dogwood LN.
CITY-ST-ZIP	LANTANA FL	2.4 CITY-ST-ZIP	Lantana, FL. 33462
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	V/P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEPSEN, CHRISTIAN	3.2 NAME	Heyboer, Robert
STREET ADDRESS	6330 BIRCH LANE	3.3 STREET ADDRESS	4080 5th Ave.
CITY-ST-ZIP	LANTANA FL	3.4 CITY-ST-ZIP	Lantana, FL. 33462
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, EDNA	4.2 NAME	Merrill, Beatrice
STREET ADDRESS	6440 DOGWOOD LANE	4.3 STREET ADDRESS	4164 6th CT.
CITY-ST-ZIP	LANTANA FL	4.4 CITY-ST-ZIP	Lantana, FL. 33462
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRICKE, BEVERLY J.	5.2 NAME	Anderson, Maureen
STREET ADDRESS	8276 FICUS LANE	5.3 STREET ADDRESS	6121 Holly Lane
CITY-ST-ZIP	LANTANA FL	5.4 CITY-ST-ZIP	Lantana, FL. 33462
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHCRAFT, EUNICE	6.2 NAME	
STREET ADDRESS	6290 S ASH LN	6.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL	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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Christian F. Jepsen, Treasurer 2/20/96 407-969-3615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)