

# ANNUAL REPORT (AR)

**DOCUMENT # 754732**

1. Entity Name

**ARROWHEAD VILLAGE II OF THE TRAILS HOMEOWNERS ASSOCIATION, INC.**



**FILED**  
**Jan 31, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business

**ARROWHEAD VILLAGE II  
41 UNITS  
ORMOND BEACH FL 32174**

Mailing Address

**P O BOX 3525  
ORMOND BEACH FL 32174**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1st MOORE CR2E037 (10/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2353655**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PALMER, JUDY  
6 INDIAN TRAIL  
ORMOND BCH FL 32174**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 ☐ Delete  
NAME **P**  
STREET ADDRESS **SULLIVAN, SANDY**  
CITY-ST-ZIP **16 INDIAN TRL  
ORMOND BEACH FL 32174**

TITLE ☐ Change ☐ Addition  
NAME **U00000612747**  
STREET ADDRESS **02/05/07-80012-016 61.25**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **BOTTA, GEORGE**  
CITY-ST-ZIP **18 INDIAN TRAIL  
ORMOND BEACH FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **KNOEBEL, ALINE**  
CITY-ST-ZIP **9 INDIAN TRAIL  
ORMOND BEACH FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **SULLIVAN, HARRY L.**  
CITY-ST-ZIP **16 INDIAN TRAIL  
ORMOND BEACH FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **FOY, BETTY**  
CITY-ST-ZIP **17 INDIAN TRAIL  
ORMOND BCH FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **VP**  
STREET ADDRESS **MORGAN, DORISL**  
CITY-ST-ZIP **150 INDIAN TR  
ORMOND BEACH FL 32174**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Judy Palmer* **JUDY PALMER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-27-07**

Date

**386-673-3367**

Daytime Phone #