2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#764639

FILED Feb 01, 2009 Secretary of State

Entity Name: ARROWHEAD VILLAGE III OF THE TRAILS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 3 LITTLE POND TR ORMOND BEACH, FL 32174 **Current Mailing Address: New Mailing Address:** 3 LITTLE POND TR PO BOX 731945 ORMOND BEACH, FL 321731945 ORMOND BEACH, FL 32174 FEI Number: 59-2387542 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LANGWORTHY, ROBERT A LANGWORTHY, ROBERT A 3 LITTLE POND TR 3 LITTLE POND TR ORMAOND BCH, FL 32174 ORMOND BCH, FL 32174 US US 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. SIGNATURE: 02/01/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete LANGWORTHY, ROBERT A, . Name: Name: 3 LITTLE POND TR Address: Address: City-St-Zip: ORMOND BCH, FL 32174 City-St-Zip: Title: SD () Delete Title: () Change () Addition HARPER, LINDA Name: Name: Address: 5 APPALOOSA TRAIL Address: City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: Title: () Delete Title: PD (X) Change () Addition BLANNETT, KATHY BLANNETT, KATHY Name: Name: Address: 11 APPALOOSA TRL Address: 11 APPALOOSA TRL City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: ORMOND BEACH, FL 32174 Title: () Delete Title: VPD () Change (X) Addition Name: Name: NICASTRO, RUSSELL 2 APPALOOSA TRAIL Address: Address: City-St-Zip: City-St-Zip: ORMOND BEACH, FL 32174 Title: () Delete Title: () Change (X) Addition DAVIS, JEANETE Name: Name: 4 APPALOOSA TRAIL Address: Address: ORMOND BEACH, FL 32174 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change (X) Addition MCDONALD, VAUGHN Name: Name: Address: Address: 14 APPALOOSA TRAIL ORMOND BEACH, FL 32174 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A. LANGWORTHY TD 02/01/2009