

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765684

FILED
Jan 20, 2004
Secretary of State

Entity Name: ARROWHEAD CITIZENS ASSOCIATION, INC.

Current Principal Place of Business:

P. O. BOX 58
HERNANDO, FL 34442

New Principal Place of Business:

Current Mailing Address:

ARROWHEAD CITIZENS ASSOCIATION, INC.
PO BOX 58
HERNANDO, FL 34442 US

New Mailing Address:

FEI Number: 59-2884690 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROESTER, GEORGE D.
6786 E TURKEY TRAIL DRIVE
HERNANDO, FL 34442

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OGLESBY, ROBERT
Address: 6399 E TURKEY TRAIL
City-St-Zip: HERNANDO, FL 34442

Title: DVP () Delete
Name: MIEKKA, JAMES
Address: 7096 BARING RUN TERRACE
City-St-Zip: HERNANDO, FL 34442

Title: TD () Delete
Name: TROESTER, GEORGE D
Address: 6786 E TURKEY TRAIL DRIVE
City-St-Zip: HERNANDO, FL 34442

Title: SD () Delete
Name: MCDANIELS, YANESSA
Address: 6367 E SIOCX CANAL DRIVE
City-St-Zip: HERNANDO, FL 34442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 OGLESBY

PRES

01/20/2004

Electronic Signature of Signing Officer or Director

Date