2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# 766882

Entity Name: ARROWHEAD LAKE ESTATES HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

3212 ELCANO LANE
CANTONMENT, FL 32533

New Principal Place of Business:

Current Mailing Address:

3212 ELCANO LANE
CANTONMENT, FL 32533

New Mailing Address:

FEI Number: 59-3042378 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GASI, STANLEY
3212 ELCANO LANE
CANTONMENT, FL 32533 US

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:	T	( ) Delete
Name:	GASI, ELEANOR	
Address:	3212 ELCANO LN.	
City-St-Zip:	CANTONMENT, FL 32533	
Title:	P	( ) Delete
Name:	GASI, STANLEY	
Address:	3212 ELCANO LN	
City-St-Zip:	CANTONMENT, FL 32533	
Title:	VP	( ) Delete
Name:	WALKER, TY	
Address:	3256 ELCANO LN	
City-St-Zip:	CANTONMENT, FL 32533	
Title:	S	( ) Delete
Name:	TUCCI, KAREN	
Address:	3257 ELCANO LN	
City-St-Zip:	CANTONMENT, FL 32533	

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 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: ELEANOR GASI T 04/30/2009

Electronic Signature of Signing Officer or Director — Date