

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90174 014 \*\*\*150.00

**DOCUMENT # J02254**

1. Entity Name  
**ARROWOOD HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**1825 S RIVERVIEW DR.  
MELBOURNE, FL 32901**

Mailing Address  
**431 COCHISE STREET  
C/O MARGARET HALE  
MELBOURNE, FL 32904**

**50044403**



04062005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-2684784**

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

**REINMAN, JAMES L  
1825 SOUTH RIVERVIEW DRIVE  
MELBOURNE, FL 32901**

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 \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D P** ☒ Delete  
NAME **LANGENMAYR, ARTHUR L**  
STREET ADDRESS **422 ARROWOOD STREET**  
CITY-ST-ZIP **WEST MELBOURNE, FL 32904**

TITLE **D P** ☐ Change ☒ Addition  
NAME **ALICE BELL HEISS**  
STREET ADDRESS **417 ARROWOOD STREET**  
CITY-ST-ZIP **WEST MELBOURNE, FL 32904**

TITLE **D V** ☒ Delete  
NAME **STEBBINS, GLORIA**  
STREET ADDRESS **434 BUFFALO ST.**  
CITY-ST-ZIP **WEST MELBOURNE, FL 32904**

TITLE **D** ☐ Change ☒ Addition  
NAME **COURT JOLAN**  
STREET ADDRESS **414 ARROWOOD STREET**  
CITY-ST-ZIP **WEST MELBOURNE, FL 32904**

TITLE **D S** ☐ Delete  
NAME **MAASS, LORENA**  
STREET ADDRESS **438 ARROWOOD STREET**  
CITY-ST-ZIP **WEST MELBOURNE, FL 32904**

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

TITLE **D T** ☐ Delete  
NAME **HALE, MARGARET**  
STREET ADDRESS **431 COCHISE STREET**  
CITY-ST-ZIP **WEST MELBOURNE, FL 32904**

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

TITLE **D** ☒ Delete  
NAME **ARMSTRONG, FOUNT**  
STREET ADDRESS **407 ARROWOOD STREET**  
CITY-ST-ZIP **WEST MELBOURNE, FL 32904**

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

TITLE **D** ☐ Delete  
NAME **FAULKNER, WILLIAM**  
STREET ADDRESS **445 CROCKETT STREET**  
CITY-ST-ZIP **WEST MELBOURNE, FL 32904**

TITLE **D V** ☒ Change ☐ Addition  
NAME **WILLIAM FAULKNER**  
STREET ADDRESS **445 CROCKETT STREET**  
CITY-ST-ZIP **WEST MELBOURNE, FL 32904**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, 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

*Alice Bell Heiss* **ALICE BELL HEISS**

4/11/05

(321) 728-3930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #