


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2007 8:00 am
Secretary of State

06-04-2007 90012 034 ****61.25

DOCUMENT # N00000006851 1. Entity Name MASTER ASSOCIATION AT ARROWHEAD POINT, INC.					
Principal Place of Business 1645 PINELLAS BAYWAY TIERRA VERDE, FL 33715			Mailing Address POB 47068 SAINT PETERSBURG, FL 33743		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3677296	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WELTON, RONALD 5444 PRK BLVD PINELLAS PARK, FL 33781				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is also Acceptable) 5444 Park Blvd #101 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD IBANEZ, PAUL 10033 NINTH STREET NORTH ST. PETERSBURG, FL 33716	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Ibanez, Paul 1645 Pinellas Bayway B4 Tierra Verde, FL 33715	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD OSTROWSKI, RALPH 10033 NINTH STREET NORTH ST. PETERSBURG, FL 33716	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ostrowski, Ralph 1645 Pinellas Bayway B5 Tierra Verde, FL 33715	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CLAYTON, RON 10033 NINTH STREET NORTH ST. PETERSBURG, FL 33716	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Albers, Fred 1645 Pinellas Bayway B4 Tierra Verde, FL 33715	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTON, ANDY 10033 NINTH STREET NORTH SAINT PETERSBURG, FL 33716	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Clark, Melissa 1645 Pinellas Bayway A3 Tierra Verde, FL 33715	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERO, DICK 10033 NINTH STREET NORTH ST. PETERSBURG, FL 33716	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rogero, Dick 1645 Pinellas Bayway A3 Tierra Verde, FL 33715	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Ralph Ostrowski</i> <i>RALPH OSTROWSKI</i>			Date 5/24/07 Daytime Phone # 727-866-7103		