2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# N00000006851

Entity Name: MASTER ASSOCIATION AT ARROWHEAD POINT, INC.

Current Principal Place of Business:

1645 PINELLAS BAYWAY
TIERRA VERDE, FL 33715

New Principal Place of Business:

Current Mailing Address:

5901 SUN BLVD
SUITE 203
SAINT PETERSBURG, FL 33743

New Mailing Address:

FEI Number: 59-3677296 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PROFESSIONAL BAYWAY MANAGEMENT
5901 SUN BLVD.
203
ST. PETERSBURG, FL 33715 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: STD ( ) Delete
Name: IBANEZ, PAUL
Address: 5901 SUN BLVD. SUITE 203
City-St-Zip: TIERRA VERDE, FL 33715

Title: VPD ( ) Delete
Name: OSTROWSKI, RALPH
Address: 5901 SUN BLVD. SUITE 203
City-St-Zip: TIERRA VERDE, FL 33715

Title: PD ( ) Delete
Name: ALBERG, FRED
Address: 5901 SUN BLVD. SUITE 203
City-St-Zip: TIERRA VERDE, FL 33715

Title: D ( ) Delete
Name: CLARK, MELISSA
Address: 5901 SUN BLVD. SUITE 203
City-St-Zip: TIERRA VERDE, FL 33715

Title: D ( ) Delete
Name: SWISHER, FRED
Address: 5901 SUN BLVD. SUITE 203
City-St-Zip: ST. PETERSBURG, FL 33715

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change ( ) Addition
Name: CONDON, JOHN
Address: 5901 SUN BLVD. SUITE 203
City-St-Zip: TIERRA VERDE, FL 33715

Title: STD (X) Change ( ) Addition
Name: OSTROWSKI, RALPH
Address: 5901 SUN BLVD. SUITE 203
City-St-Zip: TIERRA VERDE, FL 33715

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

Title: D (X) Change ( ) Addition
Name: ROGERIO, DICK
Address: 5901 SUN BLVD. SUITE 203
City-St-Zip: TIERRA VERDE, FL 33715

Title: D (X) Change ( ) Addition
Name: STAGER, JAY
Address: 5901 SUN BLVD. SUITE 203
City-St-Zip: ST. PETERSBURG, FL 33715

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: WCN RA 01/29/2009

Electronic Signature of Signing Officer or Director — Date