

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006851

FILED
Jan 05, 2011
Secretary of State

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:

970 LAKE CARILLON DR
SUITE 102
SAINT PETERSBURG, FL 33716

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
970 LAKE CARILLON DR
102
ST. PETERSBURG, FL 33716 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: VPD
Name: CONDON, JOHN
Address: 5901 SUN BLVD. SUITE 203
City-St-Zip: TIERRA VERDE, FL 33715

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

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

Title: SD
Name: ROGERIO, DICK
Address: 5901 SUN BLVD. SUITE 203
City-St-Zip: TIERRA VERDE, FL 33715

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

I hereby 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 all other like empowered.

SIGNATURE: WCN

RA

01/05/2011

Electronic Signature of Signing Officer or Director

Date