2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Feb 09, 2007
Secretary of State

DOCUMENT# N01000002186

Entity Name: ARROWTREE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2582 SOUTH MAGUIRE RD
318
OCOEE, FL 34761

New Principal Place of Business:

Current Mailing Address:

PO BOX 783367
WINTER GARDEN, FL 34778

New Mailing Address:

FEI Number: 59-3701110 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOLOMON, SPENCER
14443 PRUNNING WOOD PLACE
WINTER GARDEN, FL 34787 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: PD ( ) Delete
Name: GRAYFORD, JAMES
Address: 10728 DARK WATER CT
City-St-Zip: CLERMONT, FL 34715

Title: VPD ( ) Delete
Name: LANG, GREG
Address: 20715 CANOE CROSSING CR
City-St-Zip: CLERMONT, FL 34715

Title: SD ( ) Delete
Name: BINDER, JUDIE
Address: 14536 TABAGO BAY CT
City-St-Zip: CLERMONT, FL 34715

Title: TD ( ) Delete
Name: ANTOINE, ALEX
Address: 14200 HAMPSHIRE BAY CIR
City-St-Zip: CLERMONT, FL 34715

Title: D (X) Delete
Name: GREEN, MARY
Address: 14110 HAMPSHIRE BAY CT
City-St-Zip: CLERMONT, FL 34715

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change ( ) Addition
Name: JIMINEZ, MORGAN
Address: 10831 ARROWTREE BLVD
City-St-Zip: CLERMONT, FL 34715

Title: D (X) Change ( ) Addition
Name: ALVELO, HECTOR
Address: 21401 TREE PARK CT
City-St-Zip: CLERMONT, FL 34715

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SPENCER SOLOMON RA 02/09/2007

Electronic Signature of Signing Officer or Director — Date