

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 26, 2007  
Secretary of State**

DOCUMENT# N02000004988

Entity Name: LAKE ARROWHEAD CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O THE WARNER CORP.  
886 110TH AVE N STE 7  
NAPLES, FL 34108

**New Principal Place of Business:**

**Current Mailing Address:**

C/O THE WARNER CORP.  
886 110TH AVE N STE 7  
NAPLES, FL 34108

**New Mailing Address:**

FEI Number: 04-3702179      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WARNER, BRYAN  
886 110TH AVE N  
NAPLES, FL 34108      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: WALSH, DANIEL  
Address: 4600 WINGED FOOT CT. #204  
City-St-Zip: NAPLES, FL 34112

Title: D      ( ) Delete  
Name: GUGLIELMI, JOSEPH  
Address: 4665 WINGED FOOT COURT #203  
City-St-Zip: NAPLES, FL 34112

Title: D      ( ) Delete  
Name: AHEARN, ED  
Address: 4650 WINGED FOOT CT #104  
City-St-Zip: NAPLES, FL 34112

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

Title: D      ( ) Change (X) Addition  
Name: JOHNSON, JAMES  
Address: 4695 WINGED FOOT COURT #201  
City-St-Zip: NAPLES, FL 34112

Title: D      ( ) Change (X) Addition  
Name: HORDLOW, CLIFFORD  
Address: 4645 WINDED FT COURT #103  
City-St-Zip: NAPLES, FL 34112

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: DANIEL WALSH

P

04/26/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date