


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90045 003 ****61.25

DOCUMENT # N02000004988			
1. Entity Name LAKE ARROWHEAD CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O THE WARNER CORP. 886 110TH AVE N STE 7 NAPLES, FL 34108		Mailing Address C/O THE WARNER CORP. 886 110TH AVE N STE 7 NAPLES, FL 34108	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01232008		Chg-NP	CR2E037 (12/06)
4. FEI Number 04-3702179		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WARNER, BRYAN 886 110TH AVE N NAPLES, FL 34108		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee Is \$61.25 Due by May 1, 2008		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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, DANIEL	NAME	
STREET ADDRESS	4600 WINGED FOOT CT. #204	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34112	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUGLIELMI, JOSEPH	NAME	
STREET ADDRESS	4665 WINGED FOOT COURT #203	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34112	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AHEARN, ED	NAME	
STREET ADDRESS	4650 WINGED FOOT CT #104	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34112	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, JAMES	NAME	
STREET ADDRESS	4695 WINGED FOOT COURT #201	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34112	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORDLOW, CLIFFORD	NAME	
STREET ADDRESS	4645 WINDED FT COURT #103	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34112	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: _____		Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/24/08	239-591-1800