

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004988

FILED
Apr 06, 2009
Secretary of State

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: AHERN, EDWARD
Address: 4650 WINGED FOOT CT. #104
City-St-Zip: NAPLES, FL 34112

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

Title: T (X) Change () Addition
Name: MADIGAN, JOHN
Address: 4600 WINGED FOOT CT #101
City-St-Zip: NAPLES, FL 34112

Title: S (X) Change () Addition
Name: MCDOWELL, PATRICIA
Address: 4665 WINGED FOOT COURT #101
City-St-Zip: NAPLES, FL 34112

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

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: BRYAN WARNER

MGR

04/06/2009

Electronic Signature of Signing Officer or Director

_____ Date