

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002527

FILED
Feb 12, 2007
Secretary of State

Entity Name: ARROWHEAD RESERVE AT LAKE TRAFFORD PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 OMMOKALEE RD
SUITE 309
NAPLES, FL 34110

New Principal Place of Business:

2180 IMMOKALEE RD
SUITE 309
NAPLES, FL 34110

Current Mailing Address:

2180 OMMOKALEE RD
SUITE 309
NAPLES, FL 34110

New Mailing Address:

2180 IMMOKALEE RD
SUITE 309
NAPLES, FL 34110

FEI Number: 20-3554890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLOHN, WILLIAM L
2180 IMMOKALEE RD
SUITE 309
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

KLOHN, WILLIAM L
2180 IMMOKALEE RD
SUITE 309
NAPLES, FL 34110 US

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: WILLIAM L KLOHN

02/12/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KLOHN, WILLIAM L
Address: 2180 IMMOKALLE RD SUITE 309
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: MCCUAN, PATRICK
Address: 2180 IMMOKALEE RD SUITE 309
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: LARSON, DENISE
Address: 2180 IMMOKALEE RD SUITE 309
City-St-Zip: NAPLES, FL 34110

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:

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: WILLIAM L. KLOHN

D

02/12/2007

Electronic Signature of Signing Officer or Director

Date