

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 06, 2011
Secretary of State

DOCUMENT# N05000011203

Entity Name: ARROWOOD OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**6620 SOUTHPPOINT DR S
SUITE 610
JACKSONVILLE, FL 32216**New Principal Place of Business:**2447 S. THIRD ST.
JACKSONVILLE BEACH, FL 32250**Current Mailing Address:**6620 SOUTHPPOINT DR S
SUITE 610
JACKSONVILLE, FL 32216**New Mailing Address:**2447 S. THIRD ST.
JACKSONVILLE BEACH, FL 32250**FEI Number:** 14-1947719**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WETHERINGTON, HAMILTON, HARRISSON, FAIR
1010 N FLORIDA AVE
TAMPA, FL 33602 US**Name and Address of New Registered Agent:**LIFESTYLES REALTY WEB
2447 S. THIRD ST.
JACKSONVILLE BEACH, FL 33250 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: KAREN GOWEN

06/06/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: HOOVER, BARRY
Address: 2447 S. THIRD ST
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VP
Name: DILL, JOHN
Address: 2447 S. THIRD ST.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: S
Name: ANGERS, DANIEL
Address: 2447 S. THIRD ST.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: T
Name: OWEN, NATALIE
Address: 2447 S. THIRD ST.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D
Name: NEAL, EDWARD
Address: 2447 S. THIRD ST.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

I hereby 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 all other like empowered.

SIGNATURE: KAREN GOWEN

LCAM

06/06/2011

Electronic Signature of Signing Officer or Director

Date