

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90006 048 ****70.00

DOCUMENT # N06000012883

1. Entity Name
ARROW ESTATES HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
**9020 RANCHO DEL RIO DR., SUITE 125
NEW PORT RICHEY, FL 34655**

Mailing Address
**9020 RANCHO DEL RIO DR., SUITE 125
NEW PORT RICHEY, FL 34655**

2. Principal Place of Business - No P.O. Box #
9400 River Crossing Blvd

3. Mailing Address
9400 River Crossing Blvd.

Suite, Apt. #, etc.

Suite 102

Suite, Apt. #, etc.

Suite 102

City & State
New Port Richey, FL

City & State
New Port Richey, FL

Zip
34655-

Country
Pasco

Zip
34655--

Country
Pasco

02262007

Chg-NP

CR2E037 (12/06)

4. FEI Number

20-8610717

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DEEB, ALEX R
9020 RANCHO DEL RIO DR., SUITE 125
NEW PORT RICHEY, FL 34655**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

9400 River Crossing Blvd., Suite 102

City

New Port Richey

FL

Zip Code

34655

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BEARD, CAROL A**
STREET ADDRESS **9020 RANCHO DEL RIO DR., SUITE 125**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

TITLE **ST** ☐ Delete
NAME **BEARD, STEVE E**
STREET ADDRESS **9020 RANCHO DEL RIO DR., SUITE 125**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

TITLE **VD** ☐ Delete
NAME **DEEB, ALEX R**
STREET ADDRESS **9020 RANCHO DEL RIO DR., SUITE 125**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
NAME **Carol A. Beard**
STREET ADDRESS **9400 River Crossing Blvd, Suite 102**
CITY-ST-ZIP **New Port Richey, FL 34655**

TITLE **ST** ☒ Change ☐ Addition
NAME **Steve E. Beard**
STREET ADDRESS **9400 River Crossing Blvd., Suite 102**
CITY-ST-ZIP **New Port Richey, FL 34655**

TITLE **VD** ☒ Change ☐ Addition
NAME **Alex R. Deeb**
STREET ADDRESS **9400 River Crossing Blvd., Suite 102**
CITY-ST-ZIP **New Port Richey, FL 34655**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Carol A. Beard
Carol A. Beard, President

3/2/ 07

Date

727-376-6831

Daytime Phone #