2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000012883

Entity Name
 ARROW ESTATES HOMEOWNER'S ASSOCIATION. INC.



FILED

Mar 23, 2007 8:00 am Secretary of State 03-23-2007 90006 048 ****70.00

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Principal Place of Business 9020 RANCHO DEL RIO DR., SUITE 125 9020 RANCHO DEL NEW PORT RICHEY, FL 34655 Mailing Address 9020 RANCHO DEL NEW PORT RICHEY					L RIO DR., SUITE 125 /, FL 34655					,	i asiri ssia		1 1 613	J114101 ON 1000
2. Principal P 9400	Place of Busin	3. Mailing Address 9400 River Crossing Blvd.				d.								
Suite, Apt. #, etc. Suite 102			Suite, Apt. #, etc. Suite 102					02262007	Chg-	NP	С	R2E037	(12/06)	
New Port Richey, FL			New Port Richey, FL			FL		4. FEI Numb	er 86	107	17			Applied For Not Applicable
Zip Country 34655~ Pasco						intry SCO		5. Certificate	of Statu	s Desire	<u>d</u> [A F	8.75 Ac	
	6. Name	and Address of Current i	Registered A	gent				7. Name and	d Addres	s of Ne	w Regis	tered A	gent	
DEER AL	FY R					Name								
DEEB, ALEX R 9020 RANCHO DEL RIO DR., SUITE 125 NEW PORT RICHEY, FL 34655						Street A	odress (P.O. Box Numb Ver Cros	er is Not	AGGED	able)	Suite	102	
ļ														
						City New Port Richey FL Zip Code 34659								
	named entit	ty submits this statement for tered agent.	r the purpose	of changing its	register	ed office o	r register	ed agent, or bo	oth, in the	e State o	f Florida	. I am fa	miliar with	n, and accept
SIGNATURE	Slooming hood	For printed parts of registered town)	and title d applicable	- (MOTE	- Pagistore	ed Agent signed		Lutan rejectatural)				DATE		
SIGNATURE	Signature, typed	d or printed name of registered agent a	and title if applicable	e. (NOTE	: Registere	d Agent signat	ure required	I when reinstating)			* . · 3>	DATE	1 19	
SIGNATURE	Filing Fe	of or printed name of registered agent a see is \$61.25 May 1, 2007		9. Election Can Trust Fund C	—— npaign F	inancing	ure required	\$5.00 May E				check	payable nent of	
SIGNATURE	Filing Fe	e is \$61.25	,	9. Election Can	—— npaign F	inancing	0	\$5.00 May l	3		lorida	check Depart	nent of	State
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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 attachmery with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Calculus And The ALC PRINTED NAME OF SECUND OFFICER OR DIRECTOR

Delete

3/2/ 07

727-376-6831

Change

Addition