## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N06000012883

1. Entity Name

ARROW ESTATES HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

9400 RIVER CROSSING BLVD

SUITE 102

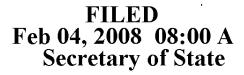
NEW PORT RICHEY, FL. 34655

Mailing Address

9400 RIVER CROSSING BLVD

SUITE 102

NEW PORT RICHEY, FL 34655





DO NOT WRITE IN THIS SPACE

01062008 No Chg-NP CR2E037 (4/06)

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 9400 RIVER CROSSING BLVD SUITE 102 NEW PORT RICHEY, FL 34655 DO NOT WRITE IN THIS SPACE

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.

ignature, typed or printed name of regulatived agent and lifte if ap

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25 Due by May 1, 2008 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. TITLE NAME BEARD, CAROL A STREET ADDRESS 9400 RIVER CROSSING BLVE, STE 102 CITY-ST-ZIP NEW PORT RICHEY, FL 34655 TITLE ST NAME BEARD, STEVE E STREET ADDRESS 9400 RIVER CROSSING BLVD, STE 102 CITY - ST - ZIP NEW PORT RICHEY, FL. 34655 TITLE VD NAME DEEB, ALEX R STREET ADDRESS 9400 RIVER CROSSING BLVD, STE 102 CITY-ST-ZIP NEW PORT RICHEY, FL 34655 TITLE NAME STREET ADORESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

DO NOT WRITE

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

727-376-683

Date