

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 A
Secretary of State

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**



01062008 No Chg-NP CR2E037 (4/08)

DO NOT WRITE IN THIS SPACE

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 _____

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BEARD, CAROL A
STREET ADDRESS	9400 RIVER CROSSING BLVD, 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 ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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02/14/08-80021-014 70.00

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carol A. Beard President

Date

Daytime Phone #

727-376-6831