2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State
03-18-2004 90001 004 ****61.25

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DOCUMENT # N43230

1. Entity Name
LAKE ARROWHEAD HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3050 ARTESIAN LANE N FT MYERS, FL 33917 US	3050 ARTESIAN LANE N FT MYERS, FL 33917 US

2. Principal Place of Business	3. Mailing Address
3163 ARTESIAN LN	3163 Artesian LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N FT MYERS FL	City & State: N. Ft Myers, Fl
Zip: 33917 Country: LEE	Zip: 33917 Country: LEE

01062004 Chg-NP CR2E037 (10/03)

4. FEI Number: 65-6076708 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BILLICKY, FAITH 3050ARTESIAN LANE N FT MYERS, FL 33917	Name: MOORE, Naewish Street Address (P.O. Box Number is Not Acceptable): 3163 Artesian LN. City: N. FT. Myers FL Zip Code: 33917

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. NAEWISH S. MOORE

SIGNATURE: Naewish S. Moore MAR 13, 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

Filing Fee is $61.25
Due by May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RHODES, JERRY 3143 INDIAN VILLAGE LANE N FORT MYERS, FL 33917	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Oldrieve, DONNA 3001 LONGVIEW LN N. FT Myers, FL 33917	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT PEPPLER, DUANE 3129 ORCHARD DRIVE N FT MYERS, FL 33917	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Pappas, Sam 3166 BUNNY RUN Dr. N. FT Myers, FL 33917	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BILLICKY, FAITH 3050 ARTESIAN LN N FT MYERS, FL 33917	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DVP~~ OVP Groves, DONALD 3142 RUNNING DEAR DR N. FT. Myers, FL 33917	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEPOT, RICHARD 3030 RAINDANCE LANE N FORT MYERS, FL 33917	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS MOORE, NAEWISH 3163 ARTESIAN LN N FT MYERS FL 33917	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICE, BOB 3125 ORCHARD DR N FT MYERS, FL 33917	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Moore, Naewish 3163 Artesian LN. N. FT. Myers, FL 33917	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: NAEWISH S. MOORE Naewish S. Moore MAR 13, 2004 (239) 656-3868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #