## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N43230

FILED Mar 06, 2009 Secretary of State

Entity Name: LAKE ARROWHEAD HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:					New Principal Place of Business:				
	GVIEW LN DRT MYERS, FL	33917	US						
Current Mailing Address:					New Mailing Address:				
2976 LONG NORTH FO	GVIEW LN ORT MYERS, FL	33917	US						
FEI Number:	65-6076708	FEI Numbe	r Applied For()	FEI Nui	mber Not Appl	icable ( )	Certificate	of Status Desi	red ( )
Name and	Address of Cur	rent Reg	istered Agent:		Name and	Address of I	New Regis	stered Agent	:
	LOIS GVIEW LN DRT MYERS, FL	33917	US						
	named entity sub of Florida.	omits this	statement for the pu	urpose d	of changing i	ts registered o	office or re	gistered agen	t, or both,
SIGNATUF									
	Electronic	Signature	of Registered Age	nt				ate	
OFFICERS AND DIRECTORS:					ADDITION	S/CHANGES	TO OFFI	CERS AND D	IRECTORS:
Title: Name: Address: City-St-Zip:	DT () De HALL, LU 3157 OLD FARMH NORTH FORT MYE	OUSE DR	3917		Title: Name: Address: City-St-Zip:	(	) Change(	) Addition	
Title: Name: Address: City-St-Zip:	DV () De NEWTON, V JOE 3133 RUNNING DE N FT MYERS, FL	ER DR			Title: Name: Address: City-St-Zip:	DP (X NEWTON, V JO 3133 RUNNING N FT MYERS,	DEER DR	) Addition	
Title: Name: Address: City-St-Zip:	SP () De MOORE, NARWISI 3163 ARTESIAN LI NORTH FORT MYE	H N	3917		Title: Name: Address: City-St-Zip:	DV (X KRUDWIG, BII 3165 BUNNY F NORTH FORT	RUN DR	,	
Fitle: Name: Address: City-St-Zip:	DS () De POWELL, LOIS 2976 LONGVIEW I N FORT MYERS, F	LANE			Title: Name: Address: City-St-Zip:	(	) Change(	) Addition	
Title: Name: Address: City-St-Zip:	D () De WEAVER, BEN 3126 LONGVIEW I NORTH FORT MYE	DR	3917		Title: Name: Address: City-St-Zip:	(	) Change(	) Addition	
Title: Name: Address: City-St-Zip:	T () De MOORE, NAEWISH 3163 ARTESIAN LI NORTH FORT MYE	H N	3917		Title: Name: Address: City-St-Zip:	D (X MOORE, NAEV 3163 ARTESIA NORTH FORT	N LN	,	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOIS J. POWELL DS 03/06/2009