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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005146

1. Corporation Name

ARROW POINTE ESTATES/ DEER RUN ESTATES HOMEOWNER S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
829 BLUE HERON BLVD RUSKIN FL 33570-3813	829 BLUE HERON BLVD RUSKIN FL 33570-3813

* 1 8 9 6 8 3 *
109603 - 90095 - 36

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/03/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

WARD, CAROL H
4615 JOHN MOORE RD
BRANDON FL 33511

10. Name and Address of New Registered Agent

81 Name: Ward, Carol H
82 Street Address (P.O. Box Number is Not Acceptable): 829 Blue Heron Blvd
83
84 City: Ruskin **FL** 85 Zip Code: 33570

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WARD, CAROL 4615 JOHN MOORE RD BRANDON FL 33511	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Ward Carol 829 Blue Heron Blvd Ruskin Fl 33570	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WARD, WESLEY L 4615 JOHN MOORE RD BRANDON FL 33511	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Ward Wesley L 829 Blue Heron Blvd Ruskin Fl 33570	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PETERS, MICHAEL JEFFRE 11901 FLINT POINT PL THONOTOSASSA FL 33592	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PETERS, MICHAEL JEFFRE 11901 FLINT POINTE PL THONOTOSASSA FL	☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WARD, CAROL 4615 JOHN MOORE RD BRANDON FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	V Ward Carol 829 Blue Heron Blvd Ruskin Fl 33570	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS JOLLY, THERESA 11914 FLINT POINT PL THONOTOSASSA FL 33592	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carol Ward SIGNATURE REQUIRED 1-6-99 813-641-9471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #