2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State
09-12-2002 90063 031 ****61.25

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1. Entity 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number NOT APPLICABLE ☐ 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
WARD, CAROL H 829 BLUE HERON BLVD RUSKIN FL 33570	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

After September 13, 2002, min. will be $236.25.

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERKSTRESSER, ROBERT 11918 FLINT POINT PL THONOTOSASSA FL 33592	☐ Delete	TITLE D NAME Robert Berkstresser STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LAND, SCOTT 11902 FLINT POINT PL THONOTOSASSA FL 33592	☒ Delete	TITLE S NAME Theresa Jolly STREET ADDRESS 11914 Flint Pointe Pl CITY-ST-ZIP Thonotosassa, Fl 33592		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DE VOE, CARI A 9910 ARROW POINTE CT THONOTOSASSA FL 33592	☐ Delete	TITLE PD NAME Lori Lowe STREET ADDRESS 9906 Arrowpointe ct CITY-ST-ZIP Thonotosassa FL 33592		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LE GRANT, SHERON 9901 ARROW POINTE CT THONOTOSASSA FL 33592	☒ Delete	TITLE ~~T~~ T NAME ~~Lori Lowe~~ Cari Devoe STREET ADDRESS 9910 Arrowpointe Ct CITY-ST-ZIP Thonotosassa FL 33592		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOWE, FORREST M 9906 ARROW POINTE CT THONOTOSASSA FL 33592	☒ Delete	TITLE D NAME Samantha Gwaltney STREET ADDRESS 11910 Flint Pointe Pl CITY-ST-ZIP Thonotosassa, FL 33592		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (4/02)

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: Signature Required 9-9-02 813 986-0131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR