NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Jul 12, 2004 8:00 am Secrétary of State DOCUMENT #N9600005146 1. Entity Name Arrow Pointe Estates Deer Ru 07-12-2004 90124 001 ***175.00 07-12-2004 90124 002 ****61.25 Estates Home Owners Association DO NOT WRITE IN THIS SPACE -66429828 2. Principal Place of Business 3. Mailing Address 1914 Flint Pointe Place 11914 Flint Pointe Place Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE 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. July 7,2004 SIGNATURE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees Initial or Amended UBR OFFICERS AND DIRECTORS 10. TITLE NAME NAME Timothy Jolly 11914 Flint Pointe P STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MONOTOSASSA FI TITLE TITLE BARY Shute 11915 Flint Pointe PLACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TronotosassA, FL TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO-NOT WRITE CITY-ST-ZIP CITY-ST-ZIF TITLE IN THIS SPACE NAME NAME STREET ADDRESS 9901 Hrow toin STREET ADDRESS CITY-ST-ZIP me NAME NAME Scott Land 11902 Flint Foin Thorotogass STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS

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 on an attachment with an address, with all order like empowered.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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