2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000005146

1. Entity Name
ARROW POINTE ESTATES/ DEER RUN ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11914 FLINT POINTE PLACE THONE, FL 33592	11914 FLINT POINTE PLACE THONE, FL 33592

01042006 No Chg-NP CR2E037 (11/05)

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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

JOLLY, TIMOTHY
11914 FLINT POINTE PLACE
THONOTOSASSA, FL 33592

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

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BERKSTRESSER, ROBERT
STREET ADDRESS	11916 FLINT POINT PL
CITY-ST-ZIP	THONOTOSASSA, FL 33592
TITLE	S
NAME	JOLLY, THERESA
STREET ADDRESS	11914 FLINT POINTE PL
CITY-ST-ZIP	THONOTOSASSA, FL 33592
TITLE	T
NAME	DE VOE, CARI A
STREET ADDRESS	9910 ARROW POINTE CT
CITY-ST-ZIP	THONOTOSASSA, FL 33592
TITLE	PD
NAME	JOLLY, TIM
STREET ADDRESS	11914 FLINT POINT PL
CITY-ST-ZIP	THONOTOSASSA, FL 33592
TITLE	T
NAME	DEVOE, CARI
STREET ADDRESS	9910 ARROWPOINTE CT
CITY-ST-ZIP	THONOTOSASSA, FL 33592
TITLE	D
NAME	GWAHNEY, SAMANTHA
STREET ADDRESS	11910 FLINT POINTE PL
CITY-ST-ZIP	THONOTOSASSA, FL 33592

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03/29/06-80001-003 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ Tim Jolly 3-13-06 813-982-9389
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #