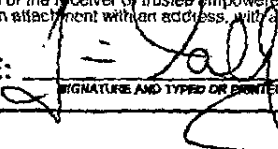


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 11914 FLINT POINTE PLACE THONE, FL 33592	Mailing Address 11914 FLINT POINTE PLACE THONE, FL 33592	
DO NOT WRITE IN THIS SPACE		
01042006 No Chg-NP CR2E037 (11/05)		
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		
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.		DO NOT WRITE IN THIS SPACE
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)		
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 NAME STREET ADDRESS CITY-ST-ZIP	D BERKSTRESSER, ROBERT 11918 FLINT POINT PL THONOTOSASSA, FL 33592	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOLLY, THERESA 11914 FLINT POINTE PL THONOTOSASSA, FL 33592	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DE VOE, CARI A 9910 ARROW POINTE CT THONOTOSASSA, FL 33592	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOLLY, TIM 11914 FLINT POINT PL THONOTOSASSA, FL 33592	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEVOE, CARI 9910 ARROWPOINTE CT THONOTOSASSA, FL 33592	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GWANEY, SAMANTHA 11910 FLINT POINTE PL THONOTOSASSA, FL 33592	
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: 		3-13-06 813-982-9389 Date Secretary Phone