

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005146

FILED
Apr 29, 2009
Secretary of State

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

Current Principal Place of Business:

11914 FLINT POINTE PLACE
THONE, FL 33592

New Principal Place of Business:

Current Mailing Address:

11914 FLINT POINTE PLACE
THONE, FL 33592

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JOLLY, TIMOTHY
11914 FLINT POINTE PLACE
THONOTOSASSA, FL 33592 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LAND, SCOTT
Address: 11902 FLINT POINT PL
City-St-Zip: THONOTOSASSA, FL 33592

Title: VAS () Delete
Name: SHUTE, GARY
Address: 11915 FLINT POINTE PL
City-St-Zip: THONOTOSASSA, FL 33592

Title: T () Delete
Name: DE VOE, CARI A
Address: 9910 ARROW POINTE CT
City-St-Zip: THONOTOSASSA, FL 33592

Title: PD () Delete
Name: JOLLY, TIM
Address: 11914 FLINT POINT PL
City-St-Zip: THONOTOSASSA, FL 33592

Title: T () Delete
Name: DEAN, DELIA
Address: 11906 FLINT POINTE PL
City-St-Zip: THONOTOSASSA, FL 33592

Title: D () Delete
Name: NIZAN, MICHAL
Address: 11910 FLINT POINTE PL
City-St-Zip: THONOTOSASSA, FL 33592

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY JOLLY

Electronic Signature of Signing Officer or Director

MR.

04/29/2009

Date