2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 28, 2008 8:00 am Secretary of State

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DOCUMENT # N9600005922 1. Entity Name ARROWHEAD ESTATES HOMEOWNERS ASSOCIATION, INC.					o1-28-2008 90052 0	
Principal Plac 2884 S. OSC ORLANDO, F		Mailing Address 2884 S. OSCEOLA AVE. ORLANDO, FL 32806	US	400		BIND INNO NON NUMBER (1801
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address CO World of Suite, Apt. #, etc.	Homes			
3884°S	5. Osceola Avenue	2884 S. Osrec	la Avenue	2.	hg-NP CR2E0	037 (12/06)
City & Stat	o, FL	City & State Orlando, FL		4. FEI Number 59-34296	44 /	Applied For Not Applicable
^{Zip} 32806	Country	2ip 3280ln	Country	5. Certificate of S	tatus Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	Name	7. Name and Add	dress of New Registered	Agent
	TORIA TH OSCEOLA AVE), FL 32806		St			
•			City		Fl	, J-40 .
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bour, the State of Florida. I am familiar with, and continue of registered agent. SIGNATURE Signature, typed or printed name of registered agent and but if applicable. (NOTE: Registered Agent signature required when renstating) DATE						
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	ntribution. [\$5.00 May Be Added to Fees	Florida Depa	ck payable to rtment of State
10.	OFFICERS AND DII		11.	ADDITIONS/CHANG	ES TO OFFICERS AND D	1.1.
TITLE " NAME	RUSSELL, MARK	☐ Delete	TITLE NAME	Russell, m	11KK	Change Addition
STREET ADDRESS	16225 ARROWHEAD TRAIL			れなついれれ ツィ	7 , 7	
CITY-ST-ZIP	CLERMONT, FL 34711		STREET ADDRESS	11,006 41	<i>てんいけんの</i> し	JR
TITLE			CITY-ST-ZIP	14225 A	rowhead	JR 34771.
	VPD RELITER RALPH	D Delete	CITY-ST-ZIP TITLE	14225 #1 VP	ent fl	JR 3 47 1 ☐ Change Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/08

407 654 6384 Daytime Phone #