


2007 NOT-FOR-PROFIT-CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 08:00 A
Secretary of State

DOCUMENT # N97000003548		
1. Entity Name ARROW B RANCH MASTER ASSOCIATION, INC.		
Principal Place of Business 3079 NORTHWEST EIGHT ST OKEECHOBEE, FL 34972 US	Mailing Address PO BOX 1287 OKEECHOBEE, FL 34973 US	



02132007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0788796	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ENGLISH, KATHERINE R
1833 HENDRY ST.
FT. MYERS, FL 33901**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SYFRETT, CHARLES PO BOX 1287 N/A OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FULFORD, GENE 2491 NW 160TH DR. OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, PERRY PO BOX 742 N/A/ OKEECHOBEE, FL 34973
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STRATION, CHARLES V 2151 SW 28TH AVE. OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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000000680684
04/04/07-20010-008 61.25

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: *Charles B. Syfrett* **3-23-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #