

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003548

FILED
Apr 09, 2008
Secretary of State

Entity Name: ARROW B RANCH MASTER ASSOCIATION, INC.

Current Principal Place of Business:

3079 NORTHWEST EIGHT ST
OKEECHOBEE, FL 34972 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1287
OKEECHOBEE, FL 34973 US

New Mailing Address:

FEI Number: 65-0788796

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENGLISH, KATHERINE R
1833 HENDRY ST.
FT. MYERS, FL 33901 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: DP () Delete
Name: SYFRETT, CHARLES
Address: PO BOX 1287 N/A
City-St-Zip: OKEECHOBEE, FL 34972

Title: DV () Delete
Name: FULFORD, GENE
Address: 2491 NW 160TH DR.
City-St-Zip: OKEECHOBEE, FL 34972

Title: D () Delete
Name: SMITH, PERRY
Address: PO BOX 742 N/A/
City-St-Zip: OKEECHOBEE, FL 34973

Title: ST () Delete
Name: STRATION, CHARLES V
Address: 2151 SW 28TH AVE.
City-St-Zip: OKEECHOBEE, FL 34974

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SYFRETT, CHARLES
Address: PO BOX 1287
City-St-Zip: OKEECHOBEE, FL 34972

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: CHARLES B. SYFRETT

DP

04/09/2008

Electronic Signature of Signing Officer or Director

Date