2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2008
Secretary of State

DOCUMENT# N98000006018

Entity Name: ARROWHEAD PLACE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

35602 MOCCASIN PATH
ZEPHYRHILLS, FL 33541

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 160
ZEPHYRHILLS, FL 33539

New Mailing Address:

FEI Number: 59-3569387 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SINK, JANET M
35602 MOCCASIN PATH
ZEPHYRHILLS, FL 33541 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: P ( ) Delete
Name: MCCANN, JOHN E
Address: 35841 MIDDEN PATH
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: VP ( ) Delete
Name: FOECKING, ERIC
Address: 35603 MOCCASIN PATH
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: S ( ) Delete
Name: CHRISTINE, HAWKINS L
Address: 7442 ARTIFACT DR
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: T ( ) Delete
Name: SINK, JANET M
Address: 35602 MOCCASIN PATH
City-St-Zip: ZEPHYRHILLS, FL 33541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: RIGGS, MARY ANN
Address: 7627 ARTRIFACT DR
City-St-Zip: ZEPHYRHILLS, FL 33541

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: JANET M SINK T 02/09/2008

Electronic Signature of Signing Officer or Director — Date