**FILED**
**Apr 16, 2004 8:00 am**
**Secretary of State**
04-05-2004 90013 008 ***150.00

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000090895

1. Entity Name
Arrowhead Point Treasure Island 24, INC

DO NOT WRITE IN THIS SPACE

66412157

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1110 Pinellas Bayway | 1110 Pinellas Bayway |
| Suite, Apt. #, etc. Ste 213 | Suite, Apt. #, etc. Ste 213 |
| City & State Tierra Verde FL | City & State Tierra Verde FL |
| Zip 33715 Country Pinellas | Zip 33715 Country Pinellas |

4. FEI Number 54-2122561 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Kenneth G Arsenault Jr

Street Address (P.O. Box Number Is Not Acceptable) 11225 Ulmerton Rd

City Largo FL Zip Code 33771

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Fee: January 1 - May 1 Fee is $150.00 - After May 1 Fee is $550.00 - Late Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | Pres, D |
| NAME | Rodgers, Thomas |
| STREET ADDRESS | 1110 Pinellas Bayway Ste 213 |
| CITY-ST-ZIP | Tierra Verde FL 33715 |
| TITLE | Vice Pres, D |
| NAME | Baird David IV |
| STREET ADDRESS | 10 Grove St |
| CITY-ST-ZIP | Cherry Hill NJ 08002 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3/31/04 Date 727-458-1789 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR