

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43230

Entity Name: LAKE ARROWHEAD HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**2976 LONGVIEW LN
NORTH FORT MYERS, FL 33917**Current Mailing Address:**2976 LONGVIEW LN
NORTH FORT MYERS, FL 33917 US**FEI Number:** 65-6076708**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**POWELL, LOIS J
2976 LONGVIEW LN
NORTH FORT MYERS, FL 33917 US*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**Officer/Director Detail :**

Title	DT
Name	DAHLQUIST, DEBRA
Address	2996 LONGVIEW LANE
City-State-Zip:	NORTH FORT MYERS FL 33917

Title	DP
Name	LEISTER, LAURA Y
Address	3009 RAIN DANCE LANE
City-State-Zip:	NORTH FORT MYERS FL 33917

Title	DV
Name	SIME, JOHN
Address	3141RUNNING DEER DRIVE
City-State-Zip:	NORTH FORT MYERS FL 33917

Title	DS
Name	POWELL, LOIS J
Address	2976 LONGVIEW LANE
City-State-Zip:	NORTH FORT MYERS FL 33917

Title	D
Name	PULCASTRO, MARJORIE
Address	3045 RAINDANCE LN
City-State-Zip:	NORTH FORT MYERS FL 33917

Title	D
Name	BRAGG, THOMAS
Address	3041 LONGVIEW LN.
City-State-Zip:	NORTH FORT MYERS FL 33917

Title	DIRECTOR
Name	ROSMAN, ANDRE
Address	3127 INDIAN VILLAGE LANE
City-State-Zip:	NORTH FORT. MYERS FL 33917

I hereby 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 all other like empowered.

SIGNATURE: LOIS J. POWELL**DS****03/11/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date