No. <b>C 105674</b>		Due no later than Mar 31, 2014		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			PETER M HALLOCK CPA			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed.  ARROW POINT COMMUNITY ASSOCIATION, INC. PETER M HALLOCK PO BOX 438 SAGLE ID 83860		SAGLE ID 83	2583 LAKESHORE DR SAGLE ID 83860  3. New Registered Agent Signature:*			
				3. <u>New</u> Registere				
4. Corporations: Enter	r Names and Busin	ess Addresses o	f President, Secretary, and Directors. Treasu	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	BRENT STO	LTZ	3511 S HIGH ST	SPOKANE	WA	USA	99203	
DIRECTOR	JACQUELYN	BRYAN	10939 MAGNA LANE	LAKESIDE	CA	USA	92040	
SECRETARY	PEDRO LANA		P.O.BOX 9754	REDMOND	WA	USA	98073	
DIRECTOR	ECTOR STEVE RODERICK		151 MCGEE DRIVE	BOZEMAN	MT	USA	59715	
DIRECTOR	SUE BARTHOLOMEW		2108 W. 161ST STREET	TORRANCE	CA	USA	99504	
TREASURER	MARK TORRES		805 SORREL COURT	MCCALL	ID	USA	83638	
PRESIDENT	STEVE SEAT	ΓLE	1080 HORNBY ST	VANCOUVER	ВС	CANADA	V6Z 2Y7	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Peter M Hallock			Date: 01/30/2014			
C 105674		Name (type or print): Peter M Hallock			Title: Cpa			
Processed 01/30/2014	1	* Electronically provided signatures are accepted as original signatures.						