



Secretary of State  
 Corporation Division  
 255 Capitol Street NE, Suite 151  
 Salem, OR 97310-1327

Phone: (503) 986-2200  
 www.filinginoregon.com

**2015 ANNUAL REPORT**

Registry Number: 186543-92

Date of Incorporation: 11/28/2003

Fee: \$50.00

Due Date: 11/28/2015

Type: DOMESTIC NONPROFIT CORPORATION

*16 50*

270

ARROWOOD SUMMIT II HOMEOWNERS ...  
 EDWARD MCCOY MILE HIGH MANAGEMENT  
 PO BOX 9489  
 BEND OR 97708

**FILED**

**NOV 06 2015**

OREGON  
 SECRETARY OF STATE

**Name of Domestic Nonprofit Corporation**

ARROWOOD SUMMIT II HOMEOWNERS ASSOCIATION, INC.

**Jurisdiction:** OREGON

**Nonprofit Type:** Mutual Benefit

The following information is required by statute. Please complete the entire form. If any of the information is incorrect, you can make changes on this form. Failure to submit this Annual Report and fee by the due date may result in inactivation on our records.

**Registered Agent**

EDWARD J MCCOY  
 376 SW BLUFF DR #4  
 BEND OR 97702

If the Registered Agent has changed, the new Agent has consented to the appointment. Oregon street address required.

**1) Type of Business**

**2) Principal Place of Business** (Str. address,city,state,zip)

376 SW BLUFF DR #4  
 BEND OR 97702

**3) Mailing Address** (Address,city,state,zip)

EDWARD MCCOY MILE HIGH MANAGEMENT  
 PO BOX 9489  
 BEND OR 97708

**4) President Name and Address**

GEORGE J EDWARDS  
 PO BOX 9489  
 BEND OR 97708

**5) Secretary Name and Address**

~~SUSAN D HOPKINS~~ *Ben Hopkins*  
 PO BOX 9489  
 BEND OR 97708

**6) Signature**

*[Handwritten Signature]*

**7) Printed Name**

*Edward McCoy*

**8) Date**

*10/28/2015*

**9) Daytime Phone Number**

*541-598-7662*

Make check payable to "Corporation Division" and Corporation Division, 255 Capitol ST NE Suite 151, Note: You can also fax to (503) 378-4381. Filing fees m and expiration date on a separate page for your protecti

ARROWOOD SUMMIT II HOMEOWNERS A te,



18654392-16519145 RENANA

nber