This Amended and Restated Declaration of Restrictions is made this ____ day of _____ 2026, by the undersigned, constituting a majority of the co-owners of the subdivisions established by the following plat:

1. Important: Do not write in this area. This section is for the County Register of Deeds' use only.

Arrow Shores, according to the Plat recorded in Liber 2 of Plats, Pag
Records.

Lot(s): _____

2. To locate your lot number(s), refer to the assessment statement sent by the office. This statement may have been delivered by mail or emailed from lakearrowhead@cecomps.com with the subject line "Statement from Lake Arrowhead Property Owners Association." If you cannot find your statement or need additional assistance, please contact the office at (231) 585-7411.

_____
(Signature)
By:
Its:

_____
(Signature)
By:
Its:

_____
(Signature)
By:
Its:

3. Important: Do not sign until you are with a notary. Every owner named on the title must sign. Three signature lines are provided. If additional signature lines are required, please add them by hand, matching the printed format.

4. Important: Leave this section blank. It will be completed by the notary at the time your signatures are notarized.

STATE OF _____)
) ss
COUNTY OF _____)

Acknowledged on the _____ day of _____ 2026, before me by _____, in _____ County, Michigan.

_____
_____, Notary Public
_____County, ___
Acting in _____County, ___
My Commission Expires: _____