

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90154 001 ****70.00

DOCUMENT # 710227

1. Entity Name
THE ARROWWOOD CONDOMINIUM, INC.

Principal Place of Business 900 TALLWOOD AVENUE HOLLYWOOD FL 33021 US	Mailing Address 900 TALLWOOD AVENUE HOLLYWOOD FL 33021 US
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2. Principal Place of Business SAME	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 59-1365518	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

TERLIZZESE, JAMES 900 TALLWOOD AVE #309 HOLLYWOOD FL 33021	Name SAME
	Street Address (P.O. Box Number is Not Acceptable)
	City FL Zip Code

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.

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

**FILE NOW:
 FEE IS \$61.25**

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS **11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
PD	TERLIZZESE, JAMES		
	900 TALLWOOD AVENUE 309		
	HOLLYWOOD FL		
VPD	BURGOS, EULISSES		
	2930 OSLO AVENUE		
	COOPER CITY FL 33026		
TD	MINGIONI, JOSEPH FRANK		
	900 TALLWOOD AVENUE, 306		
	HOLLYWOOD FL 33021		
SD	RAFFA, ANNMARIE		
	900 TALLWOOD AVENUE, 308		
	HOLLYWOOD FL 33021		

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: James Terlizze **January 15, 2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)