FILED Jun 20, 2002 8:00 am 2002 UNIFORM BUSINESS REPORT (UBR) Secretary of State **DOCUMENT # 710227** 05-14-2002 90040 004 *****8.75 06-20-2002 90061 036 ****52.50 THE ARROWWOOD CONDOMINIUM, INC. Principal Place of Business Mailing Address 900 TALLWOOD AVENUE HOLLYWOOD FL 33021 900 TALLWOOD AVENUE HOLLYWOOD FL 33021 870363 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For 59-1365518 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) TERLIZZESE, JAMES 900 TALLWOOD AVE #309 City Zip Code HOLLYWOOD FL 33021 FL 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Change Addition (10/6) NAME TERLIZZESE, JAMES NAME STREET ADDRESS STREET ADDRESS 900 TALLWOOD AVENUE 309 837 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL TITLE ☐ Celete TITLE ☐ Addition किल्कुड,ह्याडकड २१३०७डा० तल NAME BURGOS, EULISSES NAME STREET ADDRESS 2930 OSLO AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COOPER CITY FL 33026 ·nae* :Delete TITLE Addition Mingon, Joseph Frank 900 Jahlwood Tem 306 NAME MINGIONI, JOSEPH FRANK NAME STREET ADDRESS STREET ADDRESS 900 TALLWOOD AVENUE, 306 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 Change TITLE Delete TITLE ☐ Addition memarie Raffa NAME RAFFA, ANNMARIE NAME 808# JOHN DOCUMENTOS STREET ADDRESS 900 TALLWOOD AVENUE, 308 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HOLLYWOOD FL 33021 TITLE Delete TITLE Change ☐ Addition NAME Albut Riddh STREET ADDRESS STREET ADDRESS goo Tallored Du CITY-ST-ZIP CITY-ST-7IP J TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 opporation or the receiver or trustee empowers to expect this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes. 4-25-02 954 487-1413 SIGNATURE: