FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995 4-28-95

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

B-4978-D

APPROVED AND FILED

95 APR 23 PM 6:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 726951 (7)

1. Corporation Name

ARROWHEAD GOLF & TENNIS CLUB NUMBER ONE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 291257 DAVIE FL 33329	P.O. BOX 291257 DAVIE FL 33329

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/13/1973
3a. Date of Last Report: 04/08/1994
4. FEI Number: 59-1521369 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 Arrowhead Golf & Tenni
Suite, Apt. #, etc.
22 3520 West Broward Blvd
City & State
23 Fort Lauderdale, Fl
Zip 24 33312 Country 25 broward

2a. Mailing Address
26 Club # 1 Assoc. Inc
Suite, Apt. #, etc.
27 Suite 118
City & State
28
Zip 29 Country 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MCPHARLIN, WILLIAM J. P.A.
1 EAST BROWARD BLVD
PENTHOUSE
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	pd ☐ Change ☐ Addition
NAME	GUNDERSON, ROY	12 NAME	Roy Gunderson
STREET ADDRESS	1755 SW 81ST WAY	13 STREET ADDRESS	1755 S.W. 81st Way
CITY-ST-ZIP	DAVIE FL	14 CITY-ST-ZIP	Davie, Florida 33324
TITLE	VP	21 TITLE	VP ☐ Change ☐ Addition
NAME	MAHER, RAYMOND	22 NAME	Ray Maher
STREET ADDRESS	1860 SW 81ST LN	23 STREET ADDRESS	1860 S.W. 81st Lane
CITY-ST-ZIP	DAVIE FL	24 CITY-ST-ZIP	Davie, Florida 33324
TITLE	SD	31 TITLE	SD ☐ Change ☐ Addition
NAME	FRIMMER, ELLIOT	32 NAME	Diane Longacre
STREET ADDRESS	1749 SW 81ST TERR	33 STREET ADDRESS	1829 SSW. 81st Terr
CITY-ST-ZIP	DAVIE FL	34 CITY-ST-ZIP	DAvie, Florida 33324
TITLE	TD	41 TITLE	TD ☐ Change ☐ Addition
NAME	GENTILE, TINA	42 NAME	Tina Gentile
STREET ADDRESS	1844 SW 81ST WAY	43 STREET ADDRESS	1844 S.W. 81st Way
CITY-ST-ZIP	DAVIE FL	44 CITY-ST-ZIP	DAvie, Fl 33324
TITLE	BM	51 TITLE	BM ☐ Change ☐ Addition
NAME	STUART, SIEGEL	52 NAME	Stuart Siegel
STREET ADDRESS	1834 SW 81ST TERR	53 STREET ADDRESS	1834 S.W. 81st Terr
CITY-ST-ZIP	DAVIE FL	54 CITY-ST-ZIP	DAvie, Florida 33324
TITLE	BM	61 TITLE	BM ☐ Change ☐ Addition
NAME	VILLACCI, JOSEPH	62 NAME	Joseph Villacci
STREET ADDRESS	1785 SW 81ST LN	63 STREET ADDRESS	1785 S.W. 81st Lane
CITY-ST-ZIP	DAVIE FL	64 CITY-ST-ZIP	DAvie Florida 33324

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Antoinette Gentile 4/15/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0047322