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Jan 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 726951 (7)

1. Corporation Name

ARROWHEAD GOLF & TENNIS CLUB NUMBER ONE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1850 S.W. 81 AVENUE DAVIE FL 33324 US	13730 STATE RD 84 SUITE 136 DAVIE FL 33325-5306

3. Date Incorporated or Qualified: 07/13/1973
3a. Date of Last Report: 08/15/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-1521369 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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
SUITE 1560
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 617.0502 and 617.1508, 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 617.0503, 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	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GUNDERSON, ROY		1.2 NAME	
STREET ADDRESS	1785 SW 81ST WAY		1.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33324		1.4 CITY-ST-ZIP	
TITLE	DVP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MAHER, RAYMOND		2.2 NAME	
STREET ADDRESS	1850 S.W. 81 LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33324		2.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GENTILE, TINA		3.2 NAME	
STREET ADDRESS	1844 SW 81 WAY		3.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33324		3.4 CITY-ST-ZIP	
TITLE	TBM	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SIEGEL, STUART		4.2 NAME	
STREET ADDRESS	1850 S.W. 81 TERR.		4.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33324		4.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	LONGACRE, DIANE		5.2 NAME	
STREET ADDRESS	1829 SW 81 TERR		5.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33324		5.4 CITY-ST-ZIP	
TITLE	TBMM	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	LAKINS, MAUREEN		6.2 NAME	
STREET ADDRESS	1745 SW 81 WAY		6.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33324		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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 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: Raymond J Maher DVP 1/9/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0037306