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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #: 726951

1. Corporation Name
ARROWHEAD GOLF & TENNIS CLUB NUMBER ONE ASSOCIAT ION, 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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 07/13/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1521369 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	DP	☐ Change ☐ Addition
NAME	GUNDERSON, ROY		1.2 NAME	Terry Coggeshall	
STREET ADDRESS	1755 SW 81 WAY		1.3 STREET ADDRESS	8080 SW 18th Place	
CITY-ST-ZIP	DAVIE FL 33324		1.4 CITY-ST-ZIP	Davie, Florida 33324	
TITLE	DVP	☐ DELETE	2.1 TITLE	dvp	☐ Change ☐ Addition
NAME	HELTON, JAMES		2.2 NAME	James Helton	
STREET ADDRESS	1785 SW 81 WAY		2.3 STREET ADDRESS	1785 SW 81 Way	
CITY-ST-ZIP	DAVIE FL 33324		2.4 CITY-ST-ZIP	Davie, Florida 33324	
TITLE	DT	☐ DELETE	3.1 TITLE	DT	☐ Change ☐ Addition
NAME	GENTILE, TINA		3.2 NAME	Gentile Tina	
STREET ADDRESS	1844 SW 81 WAY		3.3 STREET ADDRESS	1844 SW 81 Way	
CITY-ST-ZIP	DAVIE FL 33324		3.4 CITY-ST-ZIP	Davie, Fl 33324	
TITLE	D	☐ DELETE	4.1 TITLE	D	☐ Change ☐ Addition
NAME	VALDEZ, LOU		4.2 NAME	Lou Valdez	
STREET ADDRESS	8020 SW 18TH COURT		4.3 STREET ADDRESS	8020 SW 18 Court	
CITY-ST-ZIP	DAVIE FL 33324		4.4 CITY-ST-ZIP	Davie, Fl 33324	
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☐ Addition
NAME	COGGESHALL, TERRY		5.2 NAME	Lee Weissman	
STREET ADDRESS	8080 SW 18 PLACE		5.3 STREET ADDRESS	8060 SW 18th Place	
CITY-ST-ZIP	DAVIE FL 33324		5.4 CITY-ST-ZIP	Davie, Fl 33324	
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 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Terry Coggeshall Vice President **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #