

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90214 010 ****61.25

DOCUMENT # 747741

1. Entity Name

THE ESCAPE AT ARROWHEAD ASSOCIATION, INC.

Principal Place of Business

**THE CONTINENTAL GRP
 1067 SHOTGUN RD
 SUNRISE FL 33326
 US**

Mailing Address

**THE CONTINENTAL GRP
~~1067 SHOTGUN RD~~
~~SUNRISE FL 33326~~
 US**

2. Principal Place of Business

3. Mailing Address

2950-N. 28 Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Hollywood, FL

City & State

City & State

33020

Zip

Country

Zip

Country

4. FEI Number

59-1948835

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSEN, ROSEN & KREILI
 1625 NO COMMERCE PARKWAY
 STE 225
 FORT LAUDERDALE FL 33326**

Name

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

no change

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	HALL, ROBERT	
STREET ADDRESS	8179 24TH STR	
CITY-ST-ZIP	DAVIE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HAGEN, KURT	
STREET ADDRESS	8031 21 PL	
CITY-ST-ZIP	DAVIE, FL 00000	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JETT, JERRY	
STREET ADDRESS	2018-3W 82 AVE	
CITY-ST-ZIP	DAVIE FL 33309	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCHORE, BETSY	
STREET ADDRESS	8065 SW 21 CT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Debra Hahler	
STREET ADDRESS	1960-SW 82 ave	
CITY-ST-ZIP	DAVIE, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 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 all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 4/24/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Domestic Phone #

CR2E037 (9/01)

0031418