

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90237 004 ****61.25

DOCUMENT # 747741
 1. Entity Name
 THE ESCAPE AT ARROWHEAD ASSOCIATION, INC.



Principal Place of Business
 2950 N. 28TH TERR
 HOLLYWOOD, FL 33020 US

Mailing Address
 2950 N. 28TH TERR
 HOLLYWOOD, FL 33020 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

03242004 Chg-NP CR2E037 (10/03)

4. FEI Number
 59-1948835

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BAKALAR, BROUGH & CHADROW, P.A.
 WESTSIDE CORPORATE CENTER
 150 S. PINE ISLAND RD., SUITE 540
 PLANTATION, FL 33324-2669

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: VD NAME: HOHLER, DEBRA STREET ADDRESS: 1960-SW 82 AVE. CITY-ST-ZIP: DAVIE, FL	<input type="checkbox"/> Delete
TITLE: PD NAME: HAGEN, KURT STREET ADDRESS: 8031 21 PL CITY-ST-ZIP: DAVIE, FL 00000,	<input checked="" type="checkbox"/> Delete
TITLE: TD NAME: JETT, JERRY STREET ADDRESS: 2018-3W 82 AVE CITY-ST-ZIP: DAVIE, FL 33309	<input checked="" type="checkbox"/> Delete
TITLE: SD NAME: SCHORE, BETSY STREET ADDRESS: 8065 SW 21 CT CITY-ST-ZIP: FORT LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: President NAME: Hohler, Debra STREET ADDRESS: 1960 SW 82 ave CITY-ST-ZIP: DAVIE FL 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD Treasurer NAME: Kenneth Rice STREET ADDRESS: 1946 SW 82 ave CITY-ST-ZIP: DAVIE FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: Director NAME: Gail Villalba STREET ADDRESS: 2125 SW 81 Ave CITY-ST-ZIP: DAVIE, FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: Director NAME: Jerry DiLella STREET ADDRESS: 1935 SW 82 ave CITY-ST-ZIP: DAVIE, FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] 4/19/04 954-577-6035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #