

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747741

Entity Name: THE ESCAPE AT ARROWHEAD ASSOCIATION, INC.

Current Principal Place of Business:

C/O OASIS COMMUNITY MANAGEMENT, INC.
6574 N. STATE ROAD 7 #280
COCONUT CREEK, FL 33073

Current Mailing Address:

C/O OASIS COMMUNITY MANAGEMENT, INC.
6574 N. STATE ROAD 7 #280
COCONUT CREEK, FL 33073 US

FEI Number: 59-1948835

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TRIPP SCOTT, P.A.
110 SE 6TH STREET
15TH FLOOR
FORT LAUDERDALE, FL 33301 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name BOOKBINDER, MITCHELL
Address C/O OASIS COMMUNITY
 MANAGEMENT, INC.
 6574 N STATE ROAD 7, #280
City-State-Zip: COCONUT CREEK FL 33073

Title SECRETARY
Name LIOTTA, LISA
Address C/O OASIS COMMUNITY
 MANAGEMENT, INC.
 6574 N STATE ROAD 7, #280
City-State-Zip: COCONUT CREEK FL 33073

Title VICE PRESIDENT
Name TIERNEY, WILLIAM
Address C/O OASIS COMMUNITY
 MANAGEMENT, INC.
 6574 N. STATE ROAD 7 #280
City-State-Zip: COCONUT CREEK FL 33073

Title TREASURER
Name BARBOSA, JILLIAN
Address C/O OASIS COMMUNITY
 MANAGEMENT, INC.
 6574 N. STATE ROAD 7 #280
City-State-Zip: COCONUT CREEK FL 33073

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LISA LIOTTA

SECRETARY

02/24/2021

Electronic Signature of Signing Officer/Director Detail

Date