
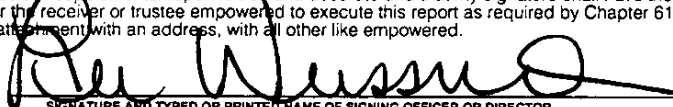


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90003 024 ****61.25

DOCUMENT # 726951 1. Entity Name ARROWHEAD GOLF & TENNIS CLUB NUMBER ONE ASSOCIATION, INC.					
Principal Place of Business 7100 W COMMERCIAL BLVD 107 LAUDERHILL, FL 33319 US			Mailing Address 7100 W COMMERCIAL BLVD 107 LAUDERHILL, FL 33319 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1521369	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RANDALL, ROGER K 621 N.W. 53RD STREET, STE 300 BOCA RATON, FL 33482			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEISSMAN, LEE		NAME		
STREET ADDRESS	8060 S.W. 18 PLACE		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33324		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITEHOUSE, KATHERINE		NAME		
STREET ADDRESS	1840 SW 81 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33324		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MIHLSTIN, CHARLES		NAME		
STREET ADDRESS	8018 SW 17 PLACE		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33324		CITY-ST-ZIP		
TITLE	TS	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MUREA, ANTHONY		NAME	Holderfield, Michael	
STREET ADDRESS	1849 SW 81 TERRACE		STREET ADDRESS	1876 S.W. 81st Lane	
CITY-ST-ZIP	DAVIE, FL 33324		CITY-ST-ZIP	Davie, FL 33324	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHANZLEH, CARL		NAME		
STREET ADDRESS	8080 SW 18 PLACE		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33324		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			3/1/07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
<small>Daytime Phone #</small>					

40001177



02072007 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

\$8.75 Additional Fee Required

FL Zip Code