

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735732

FILED
May 28, 2009
Secretary of State

Entity Name: THE MEWS AT ARROWHEAD SECTION I ASSOCIATION, INC.

Current Principal Place of Business:

8045 S.W. 19TH CT.
DAVIE, FL 33324

New Principal Place of Business:

Current Mailing Address:

8045 S.W. 19TH CT.
DAVIE, FL 33324

New Mailing Address:

FEI Number: 59-1693884 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CERDA, HECTOR
8045 SW 19TH COURT
DAVIE, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AMADEO, SALVATORE B
Address: 8010 SW 19TH COURT.
City-St-Zip: DAVIE, FL 33324

Title: VD () Delete
Name: BLOOM, MOLLY
Address: 8090 SW 20 CT.
City-St-Zip: DAVIE, FL 33324

Title: SD () Delete
Name: WILLIAMS, DOROTHY
Address: 8069 SW 19TH CRT
City-St-Zip: DAVIE, FL 33324

Title: VD () Delete
Name: BERMAN, MARVIN
Address: 8049 SW 20 CT
City-St-Zip: DAVIE, FL

Title: TD () Delete
Name: CERDA, HECTOR
Address: 8070 SW 20TH CT
City-St-Zip: DAVIE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HECTOR CERDA

TD

05/28/2009

Electronic Signature of Signing Officer or Director

Date