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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 737593

1. Corporation Name
ARROWHEAD MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business % DONNA GROSSO-P 4162 2ND CT LANTANA FL 33462 US	Mailing Address % DONNA GROSSO-P 4162 2ND CT LANTANA FL 33462 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/21/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2667502
City & State 23	City & State 28	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
EIDE, RONALD N 8233 HOLLY LN 300-COLORADO AVE., SUITE 210 LANTANA FL 33462		81 Name Roald Eide	82 Street Address (P.O. Box Number is Not Acceptable) 6233 Holly Ln
		83	
		84 City LANTANA	85 Zip Code FL 33462

→ Same agent - just put correct spelling in column.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent; or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP SILVA, ED 4047 5TH AVE LANTANA FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S EIDE, ROALD 6233 HOLLY LN LANTANA FL	1.2 NAME	
TITLE	T IDONI, FLORENCE E 4182 6TH CT LANTANA FL	1.3 STREET ADDRESS	
TITLE	D CARROLL, EDNA 6440 DOGWOOD LANE LANTANA FL	1.4 CITY-ST-ZIP	
TITLE	D HEYBOER, ROBERT 4080 5TH AVE LANTANA FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D BROECKER, ERIC 6208 S JOSHUA LN LANTANA FL	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA GROSSO SIGNATURE REQUIRED Donna GROSSO 2-9-99 561 439 3685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)