

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90041 002 ****61.25

DOCUMENT # 737593

1. Entity Name

ARROWHEAD MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% DONNA GROSSO-P
 4162 2ND CT
 LANTANA FL 33462
 US

% DONNA GROSSO-P
 4162 2ND CT
 LANTANA FL 33462-2123
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2667502

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EIDE, RONALD N
6233 HOLLY LN
300 COLORADO AVE., SUITE 210
LANTANA FL 33462

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Delete
NAME	SILVA, ED	
STREET ADDRESS	4047 5TH AVE	
CITY-ST-ZIP	LANTANA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	EIDE, ROALD	
STREET ADDRESS	6233 HOLLY LN	
CITY-ST-ZIP	LANTANA FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	IDONI, FLORENCE E	
STREET ADDRESS	4182 6TH CT	
CITY-ST-ZIP	LANTANA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARROLL, EDNA	
STREET ADDRESS	6440 DOGWOOD LANE	
CITY-ST-ZIP	LANTANA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HEYBOER, ROBERT	
STREET ADDRESS	4080 5TH AVE	
CITY-ST-ZIP	LANTANA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROECKER, ERIC	
STREET ADDRESS	6208 S JOSHUA LN	
CITY-ST-ZIP	LANTANA FL	

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TONI NORRIS	
STREET ADDRESS	4140 2ND CT.	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOANNE SCARFO	
STREET ADDRESS	6200 HOLLY LANE	
CITY-ST-ZIP	LANTANA, FL 33462	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWIN RIMMEL	
STREET ADDRESS	4080 8TH CT.	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM ANDREWS	
STREET ADDRESS	6115 HOLLY LANE	
CITY-ST-ZIP	LANTANA, FL 33462	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Toni Norris*
 DONNA GROSSO-P
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-967-9983
 561-439-3685

Date Daytime Phone #

CR2E037 (9/99)