

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91003 017 \*\*\*\*61.25

**DOCUMENT # 752670**

1. Entity Name  
**ARAPAHOE FARMS, INC.**



Principal Place of Business

**TCG, LTD  
2850 N. 28 TERR.  
HOLLYWOOD, FL 33020 US**

Mailing Address

**TCG, LTD  
2850 N. 28 TERR.  
HOLLYWOOD, FL 33020 US**

**14013604**



04282004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2191475**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CONTINENTAL GROUP LTD  
2850 - N. 28 TERR  
HOLLYWOOD, FL 33020**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
CORNBLOTT-ARONSKY, GAIL  
3330 S.W. 59 ST.  
FT. LAUDERDALE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
SCHWARTZ, JEAN  
3321 S.W. 57TH PL.  
FT. LAUDERDALE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HOFFELD, CATHY  
5811 SW 33RD LANE  
FT. LAUDERDALE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
COPLIN, ALAN  
3340 SW 59 ST  
FT LAUDERDALE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FARKAS, ERIC  
5810 SW 33 TERR  
FT LAUDERDALE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GREENBERG, LAURENCE A  
5911 SW 33RD LANE  
FT LAUDERDALE, FL**

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #