

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90156 034 \*\*\*150.00

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DOCUMENT # P95000032351

1. Corporation Name

ARRO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business  
11609-11623 N.W. 28TH STREET  
CORAL SPRINGS FL 33065

Mailing Address  
9365 W SAMPLE ROAD  
#203  
CORAL SPRINGS FL 33065  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/1995

4. FEI Number

65-0580786

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REVEIS, BRAD  
3750 NE 16TH TERRACE  
POMPANO BEACH FL 33064

81. Name

RONALD SAATHOFF

82. Street Address (P.O. Box Number is Not Acceptable)

CONDO MANAGEMENT ALTERNATIVE

83.

9365 W. SAMPLE ROAD #203

84. City

CORAL SPRINGS

FL

85. Zip Code

33065

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

*Ronald Saathoff*

RONALD SAATHOFF

2/8/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME REVEIS, BRAD  
STREET ADDRESS 3750 NE 16TH TERRACE  
CITY-ST-ZIP POMPANO BEACH FL 33064

☒ DELETE

1.1 TITLE P  
1.2 NAME FINKELSTEIN, BEN  
1.3 STREET ADDRESS 11617 NW 28 ST  
1.4 CITY-ST-ZIP CORAL SPRINGS, FL 33065

☐ Change

☒ Addition

TITLE VP  
NAME MALIN, DAVID  
STREET ADDRESS 6202 N.W. 45 AVENUE  
CITY-ST-ZIP COCONUT CREEK FL 33073

☒ DELETE

2.1 TITLE VP  
2.2 NAME BROCK, HELEN  
2.3 STREET ADDRESS 11611 NW 28 ST  
2.4 CITY-ST-ZIP CORAL SPRINGS, FL 33065

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

3.1 TITLE S  
3.2 NAME PERETIC, JIM  
3.3 STREET ADDRESS 11613 NW 28 ST  
3.4 CITY-ST-ZIP CORAL SPRINGS, FL 33065

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 607, 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:

*Ben Finkelstein*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/99  
Date

(954) 752-4796  
Daytime Phone #

CR2E034 (11/98)