

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortheim
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 722073 (4)
1. Corporation Name
ARBOUR TOWNHOUSE CONDOMINIUM ASSOCIATION, SECTION II, INC.



Principal Place of Business
272 262 NE 141ST ST. N. MIAMI FL 33161 US

Mailing Address
272 262 NE 41ST ST N. MIAMI FL 33161 US

3. Date Incorporated or Qualified **11/11/1971** 3a. Date of Last Report **08/15/1995**

2. Principal Place of Business
21 262 N.E. 141st Street 2a. Mailing Address
26 262 N.E. 141st Street

Suite, Apt. #, etc. _____ Suite, Apt. #, etc. _____

22 City & State
N. Miami, FLA 27 City & State
N. Miami, FLA

23 Zip
33161 24 Country
Dade 25 29 Zip
33161 30 Country

4. FEI Number **59-1449528** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**LEWIS, WARRNETTE
272 N.E. 141 ST.
MIAMI FL 33161**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **Same** FL 85 Zip Code

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	PD TURNER, NIKKI 260 NE 141ST ST. MIAMI FL	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	
STREET ADDRESS	→	13 STREET ADDRESS	Same
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	DVP PHILLIPS, MILDRED 14093 N.E. 2ND COURT MIAMI FL	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	DVP Phil Norz 14093 N.E. 2nd Court N. Miami, Florida 33141
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	DS LEWIS, WARRNETTE 272 NE 141ST. ST. MIAMI FL	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS	→	33 STREET ADDRESS	Same
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	T PHILLIPS, MILDRED 262 N.E. 141ST ST. MIAMI FL 33161	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS	→	43 STREET ADDRESS	Same
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Warrnette Lewis/Warrnette Lewis Secretary 6/19/96 892 8046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)