

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 23, 1999 8:00 am
Secretary of State

06-23-1999 90001 041 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 722073

1. Corporation Name
ARBOUR TOWNHOUSE CONDOMINIUM ASSOCIATION, SECTION II, INC.

Principal Place of Business 262 NE 141ST ST N. MIAMI FL 33161 US	Mailing Address 262 NE 141ST ST N. MIAMI FL 33161 US
---	---



2. Principal Place of Business 21 <u>262 N.E. 141 Street</u>	2a. Mailing Address 26 <u>262 N.E. 141 Street</u>	3. Date Incorporated or Qualified 11/11/1971
22 Suite, Apt. #, etc. <u>---</u>	27 Suite, Apt. #, etc. <u>---</u>	4. FEI Number 59-1449528 <u>59-1449528</u> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
23 City & State <u>N. Miami, Fla 33161</u>	28 City & State <u>N. Miami, Fla</u>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip <u>33161</u> 25 Country <u>U.S.</u>	29 Zip <u>33161</u> 30 Country <u>U.S.</u>	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

LEWIS, WARRNETTE
 272 N.E. 141ST ST.
 NORTH MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
SAME
 83
 84 City
 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: Warrnette Lewis, Secretary Warrnette Lewis 6/2/99
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 NAME STREET ADDRESS CITY-ST-ZIP	PD TURNER, NIKKI 260 NE 141ST ST. NORTH MIAMI FL 33161	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>Same</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP NORZ, PHILIP 14097 N.E. 2ND ST. NORTH MIAMI FL 33161	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>Same</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PHILLIPS, MILDRED 262 N.E. 141ST. ST. NORTH MIAMI FL 33161	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>Same</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LEWIS, WARRNETTE 272 N.E. 141ST ST. NORTH MIAMI FL 33161	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>Same</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Warrnette Lewis 6/2/99 (305) 545-3688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0033013
CR2E037 (11/98)