

FILE NOW: FILING FEE IS \$61.25

Amended \$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,

Principal Place of Business

Section II, Inc.

Mailing Address

Shmc. →

*14095 N.E. 2nd Court
North Miami, Fla 33161*

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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21	2a. Mailing Address	3. Date Incorporated or Qualified
22	26. Suite, Apt. #, etc.	4. FEI Number
23	27. City & State	Applied For
24	28. City & State	Not Applicable
25	29. Zip	5. Certificate of Status Desired <input type="checkbox"/>
26	30. Country	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)	FL	33161
83	City	North Miami,	

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: Osiance Angelot 11/18/99
Signature typed or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nikki Turner	1.2 NAME	Mike Rolle
STREET ADDRESS	260 N.E. 141 st St. N. Miami	1.3 STREET ADDRESS	276 N.E. 141 Street N. Miami, FL
CITY-ST-ZIP	33161	1.4 CITY-ST-ZIP	33161
TITLE	Vice-President	2.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Phil Norz	2.2 NAME	Larry Moore
STREET ADDRESS	14093 N.E. 2nd Court N. Miami	2.3 STREET ADDRESS	14099 N.E. 2nd Court N. Miami, FL
CITY-ST-ZIP	33161	2.4 CITY-ST-ZIP	33161
TITLE	Secretary, Registered Agent	3.1 TITLE	Secretary, Registered Agent <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Warrnette Lewis	3.2 NAME	Osiance Angelot
STREET ADDRESS	272 N.E. 141 Street N. Miami	3.3 STREET ADDRESS	14095 N.E. 2nd Court N. Miami
CITY-ST-ZIP	33161	3.4 CITY-ST-ZIP	33161
TITLE	Treasurer	4.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mildred Phillips (Jean)	4.2 NAME	William Jean Louis
STREET ADDRESS	262 N.E. 141 Street N. Miami	4.3 STREET ADDRESS	314 N.E. 141 Street N. Miami, FL
CITY-ST-ZIP	33161	4.4 CITY-ST-ZIP	33161
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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: Osiance Angelot 11/18/99
Signature typed or printed name of signing officer or director Date: Daytime Phone #

CR2E037 (11/98)