


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 722073**  
1. Entity Name  
**ARBOUR TOWNHOUSE CONDOMINIUM ASSOCIATION,  
SECTION II, INC.**



Principal Place of Business <b>262 N.E. 141ST STREET MIAMI, FL 33161</b>	Mailing Address <b>262 N.E. 141ST STREET MIAMI, FL 33161</b>
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**DO NOT WRITE IN THIS SPACE**



01112008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-1449528</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**BLANKET, ROBERT ESQ  
4441 STIRLING RD  
FORT LAUDERDALE, FL 33314**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2008**

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	D ST. LOUIS, DEBRA 312 NE 141 ST. MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PHILLIPS, MILDRED 262 N.E. 141ST STREET MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAKE, STEPHEN 300 NE 141 ST MIAMI, FL 33161
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/17/08-80031-002 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Mildred Phillips - Mildred Phillips 01-14-2008 305-688-4543  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #