


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90053 030 ****61.25

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| DOCUMENT # 737990 | |  |
| 1. Entity Name ARISTA PARK CONDOMINIUM, INC. | | |

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|---|---|
| Principal Place of Business 7175 NOVA DRIVE-BOX 511 DAVIE, FL 33317 | Mailing Address 7175 NOVA DRIVE-BOX 511 DAVIE, FL 33317 |
|---|---|

40069245



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|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

03192008 Chg-NP CR2E037 (12/06)

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|------------------------------------|--|
| 4. FEI Number 59-1882170 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

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|---|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| APOGEE COMPANIES 3600 S CONGRESS AVE STE D BOYNTON BEACH, FL 33426 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL Zip Code | |

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

| | | |
|---|--|--|
| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
|---|--|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P THOMPSON, JOHN 7175 NOVA DR #510 DAVIE, FL 33317 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | JOHN THOMPSON <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GRANT, ROSE 7175 NOVA DRIVE #405 DAVIE, FL 33317 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Christopher stancato <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7175 NOVA Drive # 308 Davie FL 33317 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP THOMSON, PAULA 7175 NOVA DR #510 DAVIE, FL 33317 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Paula Thomson. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7175 NOVA Drive # 510 Davie, FL 33317 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T PALMIERI, VINCE 7175 NOVA DRIVE #506 DAVIE, FL 33317 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GOMEZ, ANTHONY 7175 NOVA DR #509 DAVIE, FL 33317 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Sandra Gomez <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7175 NOVA DR # 509 Davie, FL 33317 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LITTOW, CRAIG 7175 NOVA DRIVE DAVIE, FL 33317 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Littow, Craig <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7175 NOVA Drive Davie, FL 33317 |

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: *J. Thompson* **4-10-08** **954 983-1151**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #