FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:17

DOCUMENT # N03281 (5)

1. Corporation Name
ARBOR COURTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O MIAMI MANAGEMENT INC 14538 SW 119TH AVE. MIAMI FL 33186 US	C/O MIAMI MANAGEMENT INC. 14538 SW 119TH AVE. MIAMI FL 33186 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/18/1984
3a. Date of Last Report: 06/01/1994
4. FEI Number: 59-2421870 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MERRILL, KEITH J
1320 S. DIXIE HWY, STE 275
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name: DAVID A. KOBRIN, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 8900 SW 107TH AVE.
83: SUITE 206
84 City: MIAMI FL 85 Zip Code: 33176

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE [signature] 5/9/95
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	PD	1.1 TITLE	PRES + DIR. ☑ Change ☐ Addition
NAME	~~PAVESE, THOMAS~~	1.2 NAME	GEORGE FEATHERSTONE
STREET ADDRESS	~~C/O 14321 SW 96 TERRACE~~	1.3 STREET ADDRESS	14333 S.W. 96 LANE, MIAMI, FL. 33186
CITY-ST-ZIP	~~MIAMI FL~~ 33186	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	TREAS + DIR ☑ Change ☐ Addition
NAME	~~RABICH, LOIS~~	2.2 NAME	JANE BALL
STREET ADDRESS	C/O ~~14321 SW 96 TERRACE~~	2.3 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL~~	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	VP + DIR. ☑ Change ☐ Addition
NAME	~~NAVARRO, CARLOS~~	3.2 NAME	MARY OLDIGES
STREET ADDRESS	~~C/O 14321 SW 96TH TERR.~~	3.3 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL~~	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	REMITTED BY MAY 1
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: [signature] PRES. 3/23/95 (305) 388-6258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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