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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

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DOCUMENT # No 3281 1. Corporation Name ASSOCTA	TTON. INC.						
ARBOR COURTS ASSOCIA							
Principal Place of Business 12341 SW 96 Terr Miami, FL 33186	c/o TCG 12079 SW 1						
Tiumi, 12	Miami, FL	3318	36	3. Date Incorporated or Qualified	3a. Date	of Last Rep	oort
	2a. Mailing Address			4. FEI Number			lied For
2. Principal Place of Business	26 Maning Address	,		59-1387466			Applicable
Suite. Apt #, etc	Suite, Apt. #, et-	c.		5. Certificate of Status Desired		\$8.75 Ac Fee Req	
City & State	City & State			6. Election Campaign Financing		\$5.00 N	
23	28			Trust Fund Contribution 8. This corporation has liability for			
Zip Country	Zıp	\vdash	Country	This corporation has liability for Elorida Statutes	Yes [] No	
25	29	30		10. Name and Address of New Ro			
9. Name and Address of Curre	ent Registered Agent		81 Name	10. Name and Mosters		<u> </u>	1
David Kobrin, Esquire	. "		(T	ress (P.O. Box Number is Not Accepta	ible)		
8900 SW 107 Avenue, St	uite #206		82 Street Add	illess (F.O. Box Heimes)			
Miami, FL 33176			83				
•			84 City			85 Zip C	ode
			1 1 1		FL		registered
				the submits this statement for the	purpose of	changing its	, , og. o. o
Pursuant to the provisions of Sections 617.0 office or registered agent or both in the Stalagent I am familiar with, and accept the obligation.	0502 and 617,1508, Florida ate of Florida Such chang digations of Section 617 0	a Statutes it le was autho 503, Florida	he above-named corpora orized by the corpora Statutes.	rporation submits this statement for the ation's board of directors. Thereby according to the control of the co		changing is ointment as	registered
agent I am lamiliar with, and accept the obl	oligations of Section 617 0	503, Florida	he above-named cor orized by the corpora a Statutes.		DATE	_,	
agent I am familiar with, and accept the obling SIGNATURE Signature typical or protect name, of registered agent.	ligations of Section 617 0	503, Florida	Statutes. gistered Agent signature requ 13.		DATE	_,	
office or registered agent of both with an agent am familiar with, and accept the oblining Signature sixth or ported name of registered 12. OFFICERS A	oligations of Section 617 0	503, Florida	gistered Agent signature requ		DATE	DIRECTOR	IS IN 12
office or registered agent of accept the oblination and accept the oblination of a signature (stead or pented name of registered agent). 12. OFFICERS A	oligations of Section 617 0 agent and the Capplicable AND DIRECTORS	503, Florida	gistered Agent signature required. 13. 11 TITLE 12 NAME		DATE	DIRECTOR	IS IN 12
SIGNATURE Signature taken or pented name of registered agent. I am lamiliar with, and accept the oblination of the obli	agent and the Capplicable AND DIRECTORS	503, Florida	gistered Agent signature required. 13. 11 TITLE 12 NAME 13 STREET ADDRESS		DATE	DIRECTOR	IS IN 12
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OFFICERS A SIGNATURE P/D NAME HAKES, RONALD SIREET ADDRESS 14365 SW 96 LAN CITY-SI-ZIP NAME FEATHERSTONE, CO SIREET ADDRESS 14333 SW 96 LAN CITY-SI-ZIP MIAMI, FL 3318 CITY-SI-ZIP MIAMI, FL 3318 INTEE T/D NAME BALL, JANE	AND DIRECTORS NE B6 GEORGE NE B6	ETE	prefered Agent signature required. 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - SF - ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP 31 TITLE		DATE	DIRECTOR Change Change	IS IN 12 Addition
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SIGNATUSE 12. OFFICERS A TITLE P/D NAME HAKES, RONALD SIREET ADDRESS CITY-SI-ZIP MIAMI, FL 3318 ITTLE T/D NAME BALL, JANE SIREET ADDRESS 14331 SW 96 LAN CITY-SI-ZIP MIAMI, FL 3318 TITLE T/D NAME BALL, JANE SIREET ADDRESS 14331 SW 96 LAN CITY-SI-ZIP MIAMI, FL 331 TITLE S/D NAME CASANOVA, JACQ STREET ADDRESS 14331 SW 98 TE	NE 86 NE 86 WELINE RA	LETE LETE	13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP 41 TITLE 4 2 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP		DATE	DIRECTOR Change Change Change	S IN 12 Addition Addition Addition
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further certify that the information indicated on this annual report or supplemental annual report is true and accurate and triat my signature shall have to 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 that my name appears in Biok 12 or Block 13 if changed, or on an attachment with an address