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FILED
Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # N03281 (5)

1. Corporation Name
ARBOR COURTS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 12341 SW 96 TERR.<br>MIAMI FL 33186<br>US | C/O TCG<br>12079 SW 131 AVE.<br>MIAMI FL 33186-6475<br>US |

3. Date Incorporated or Qualified: 05/18/1984
3a. Date of Last Report: 04/18/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 c/o Harbor Management
Suite, Apt. #, etc.
27 PO Box 924176
City & State
28 Homestead, FL
Zip 29 33092-4176 Country 30 USA

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KIBRIN, DAVID A PA
8900 SW 107TH AVE
STE 206
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name: Raymond D. Van Hook, President
82 Street Address (P.O. Box Number is Not Acceptable): 27501 So. Dixie Highway, #207
83: (Harbor Management Services, Inc.)
84 City: Homestead FL 85 Zip Code: 33032

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: Raymond D. Van Hook DATE: 4/8/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | VPD | ☐ Change ☒ Addition |
| NAME | FEATHERSTONE, GEORGE | | 1.2 NAME | Charap, Sanford | |
| STREET ADDRESS | 14333 SW 96TH LANE | | 1.3 STREET ADDRESS | 14342 SW 96 Terrace | |
| CITY-ST-ZIP | MIAMI FL 33186 | | 1.4 CITY-ST-ZIP | Miami, FL 33186 | |
| TITLE | TD | ☒ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BALL, JANE | | 2.2 NAME | | |
| STREET ADDRESS | 14333 SW 96TH LANE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33186 | | 2.4 CITY-ST-ZIP | | |
| TITLE | PD | ☒ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HAKES, RONALD | | 3.2 NAME | | |
| STREET ADDRESS | 14333 SW 96TH LANE | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33186 | | 3.4 CITY-ST-ZIP | | |
| TITLE | SD | ☒ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | CASANOVA, JAQUELINE | | 4.2 NAME | | |
| STREET ADDRESS | 14333 SW 96TH LANE | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33186 | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SCHWARTZ, ROBIN | | 5.2 NAME | | |
| STREET ADDRESS | 14333 SW 96TH LANE | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33186 | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (9/96)

14. I do 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.

SIGNATURE: D. Van Hook Jr. President 4-4-97
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR DATE Daytime Phone #