

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03281

1. Entity Name

ARBOR COURTS ASSOCIATION, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90017 034 ****70.00

Principal Place of Business

Mailing Address

12341 SW 96 TERR.
MIAMI FL 33186
US

C/O HARBOR MANAGEMENT
P.O. BOX 924176
HOMESTEAD FL 33092-4176
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2421870

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VAN HOOK, RAYMOND D.
27501 S FEDERAL HWY #207
HOMESTEAD FL 33032

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME FEATHERSTONE, GEORGE
STREET ADDRESS 14333 SW 96TH LANE
CITY-ST-ZIP MIAMI FL 33186

TITLE PD ☒ Change ☐ Addition
NAME Charap, Sanford
STREET ADDRESS 14342 SW 96 Terrace
CITY-ST-ZIP Miami, FL 33186

TITLE VPD ☐ Delete
NAME CHARAP, SANFORD
STREET ADDRESS 14342 SW 96 TERRACE
CITY-ST-ZIP MIAMI FL

TITLE VPD ☒ Change ☐ Addition
NAME Gonzalez, Ada
STREET ADDRESS 14334 SW 98 Terrace
CITY-ST-ZIP Miami, FL 33186

TITLE TS ☐ Delete
NAME GONZALEZ, ADA
STREET ADDRESS 14334 SW 98 TERR
CITY-ST-ZIP MIAMI FL 33186

TITLE TD ☐ Change ☒ Addition
NAME Hauser, Darryl
STREET ADDRESS 14310 SW 97 Lane
CITY-ST-ZIP Miami, FL 33186

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Change ☒ Addition
NAME Krenn, Michael
STREET ADDRESS 14368 SW 98 Terrace
CITY-ST-ZIP Miami, FL 33186

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Diaz, Jose
STREET ADDRESS 15336 SW 62 Terrace
CITY-ST-ZIP Miami, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/24/2000 305-246-5867

CR2E037 (9/99)