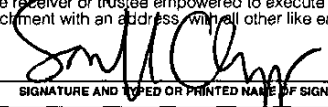


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90028 025 ****70.00

DOCUMENT # N03281 1. Entity Name ARBOR COURTS ASSOCIATION, INC.					
Principal Place of Business 15600 SW 288 STREET SUITE 406 MIAMI, FL 33033 US			Mailing Address 15600 SW 288 STREET SUITE 406 MIAMI, FL 33033 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip			Zip		
Country			Country		
4. FEI Number 59-2421870			Applied For ☐ Not Applicable		
5. Certificate of Status Desired			☒ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GOODMAN GUENTHER, JOYCE PA 10723 SW 104 STREET MIAMI, FL 33176				7. Name and Address of New Registered Agent 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, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	PD CHARAPP, SANFORD 14342 SW 96 TERRACE MIAMI, FL 33186		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS GONZALEZ, ADA 14334 SW 98 TERRACE MIAMI, FL		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRALUCK, MICHAEL 14337 SW 98 TERR. MIAMI, FL 33186		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, JOSE 15336 SW 62 TERRACE MIAMI, FL 33186		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
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:  1/14/04					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					