FILED Jul 14, 2005 8:00 am Secretary of State

2005 NOT-FOR-PROFIT CORPORATION	
ANNUAL REPORT	

DOCUMENT # N03281 1. Entity Name ARBOR COURTS ASSOCIATION, INC.								-14-2005 9008		0.00		
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				20000					
2. Principal Place of Business			100	POBOX 924176]	LEI BEUIK BENIK DINUL BEE		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				06302005 Chg-NP CR2E037 (10/03)				
City & State			Hon	Homestead FL				4. FEI Number 59-2421870			oplied For ot Applicable	
Zip		Country	33092			ISA	امر ساست	5. Certificate of Status Desired		Fee Require	\$8.75 Additional Fee Required	
		and Address of Current	Registere	1 Agent		Name		7. Name and Addr	ess of New Registe	red Agent		
GOODMAN GUENTHER, JOYCE PA 10723 SW 104 STREET MIAMI, FL 33176				Street Addre			Idress (F	s (P.O. Box Number is Not Acceptable)				
WINNI, I E 33170										FL Zip Cod	le	
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 September 7, 2005 9. Election Campaign Figure 1 Trust Fund Contribution						\$5.00 May Be Make check payable to Florida Department of State						
10.		OFFICERS AND D	IRECTORS	-/	11.			ODITIONS/CHANGE				
TITLE NAME	PD	, SANFORD		Delete	TITL	' ~		ma vall.	_	☐ Change	Addition	
STREET ADDRESS CITY+ST-ZIP		96 TERRACE				EET ADDRESS -ST-ZIP		317 SW (ami, FL				
TITLE	VPS			Delete		_E VP	010	ja Pellec	yrino	☐ Change	Addition	
NAME STREET ADORESS	GONZALE 14334 SW	2, ADA 98 TERRACE			NAM STRI	EET ADDRESS	143	iso sw r	38 Terr			
CITY-ST-ZIP	MIAMI, FL			··· ·	CITY	-ST-ZIP	410		<u>33186</u>			
TITLE NAME	DRALLICK	, MICHAEL		Oelete	TITL NAM	[TD	Rai	ul Bece		☐ Change	Addition	
STREET ADDRESS	1	•				EET ADDRESS	143	si em d	, , – ,			
CITY-ST-ZIP	MIAMI, FŁ	33186				·ST-ZIP	VI	ami, FL	<u>33186_</u>	Chann	Addition	
TITLE NAME	DIAZ, JOS	E		Delete	NAM	:SD	Car	105 Leon		☐ Change	AUURIURI	
STREET ADDRESS CITY-SI-ZIP	15336 SW MIAMI, FL	62 TERRACE				EET ADDRESS	145	100 FL	98 Ten 33186	1		
TITLE	Ivinouii, i E	33100		☐ Delete	TITL	-	50	MAR Fell		Change	Addition	
NAME	ĺ				NAM		14:	333 54	396 10	ine		
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS '-ST-ZIP	Mi	amı FL	33180	9		
TITLE				☐ Delete	TITL					☐ Change	Addition	
NAME STREET ADDRESS					NAM STRI	ME EET ADDRESS						
CITY-ST-ZIP				<u></u> .	CMY	r-ST-ZIP						
12. I hereby certify that the information supplied with this filling 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 eport 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 a address, with all other like empowered.												
indicated of the co changed	d on this report progration or the d, or on an attac	or supplemental report e receiver or trastee em chment with ac address	is true and powered to with all oth	accurate and that r execute this report er like empowered	ny signa as requ	ired/by Cha	pter 617	, Florida Statutes; an	d that my name appo	ears in Block 10 c	or Block 11 if	
indicated of the co- changed		Mil	مر	eccurate and that report execute this report er like empowered	na V	<u>al15</u>	pter 617	, Florida Statutes; and	- -	Bars in Block 10 o	or Block 11 if	

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