2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90362 049 ****70.00

DOCUMENT # N03281

1. Entity Name
ARBOR COURTS ASSOCIATION, INC.

40050476

Principal Place of Business	Mailing Address
15600 SW 288 STREET SUITE 406 MIAMI, FL 33033 US	P.O. BOX 924176 HOMESTEAD, FL 33092 US

01092006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2421870 — Applied For / Not Applicable

5. Certificate of Status Desired X — $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, 2006

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 VALLS, DONNA 14317 SOUTHWEST 98 TERRACE MIAMI, FL 331863	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Valls,Donna 14317 Southwest 98 Terrace ~~Miami,FL 331863~~	X Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PELLEGRINO, OLGA 14350 SOUTHWEST 98 TERRACE MIAMI, FL 33186	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BECERA, RAUL 14381 SOUTHWEST 97 TERRACE MIAMI, FL 33186	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Becera,Raul 14381 Southwest 97 Terrace Miami,FL 33186	X Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEON, CARLOS 14326 SOUTHWEST 98 TERRACE MIAMI, FL 33186	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secratary Leon,Carlos 14326 Southwest 98 Terrace Miami,FL 33186	X Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEATHERSTONE, GEORGE 14333 SOUTHWEST 96 LANE MIAMI, FL 33186	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #