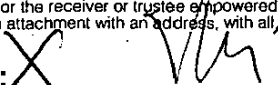


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90037 031 ****61.25

DOCUMENT # N19201 1. Entity Name AMARETTO OWNERS ASSOCIATION, INC.					
Principal Place of Business 11981 SW 144 CT 201 MIAMI, FL 33186			Mailing Address 11981 SW 144 CT 201 MIAMI, FL 33186		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0006381	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PAIGE, ROBERT E ESQ. 9500 S. DADELAND BLVD. #550 MIAMI, FL 33156				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		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	S SCHILDBACH, RUTH 9805 SW 119 AVE MIAMI, FL 33186	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HOWARD, FREIDLANDER 11850 SW 98 TERRACE MIAMI, FL 53186	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALLMAN, LEONARD 9859 SW 117 PLACE MIAMI, FL 33186	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BRUCE, CUTHERTSON 635 ALLENDALE RD MIAMI, FL 33186	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHARP, BYRON J 10364 SW 128 TER MIAMI, FL 33176	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____	☐ Delete			
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

50004070



01052005 Chg-NP CR2E037 (10/03)