

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 720724

**Entity Name:** THE ARBOUR TOWNHOUSE CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 18, 2014**  
**Secretary of State**  
**CC7447805928**

**Current Principal Place of Business:**

233 NE 141ST  
MIAMI, FL 33161

**Current Mailing Address:**

P.O. BOX 610-155  
NORTH MIAMI, FL 33261-0155

**FEI Number: 59-1407189**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

SKRLD, INC.  
201 ALHAMBRA CIRCLE, 11TH FLOOR  
CORAL GABLES, FL 33134 US

*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P	Title	V
Name	SCHNAP, WILLIAM P	Name	STEWART, MICHAEL
Address	233 NE 141ST STREET	Address	14222 NE 3RD CT
City-State-Zip:	MIAMI FL 33161	City-State-Zip:	MIAMI FL 33161
Title	T	Title	DIRECTOR
Name	CECILIA, ESTEVEZ	Name	ALKINS, KEITH
Address	14204 NE 3RD CT	Address	223 NE 141 STREET #1B
City-State-Zip:	MIAMI FL 33161	City-State-Zip:	MIAMI FL 33161
Title	DIRECTOR		
Name	TURNER, GWENDOLYN		
Address	235 NE 141 STREET #2C		
City-State-Zip:	MIAMI FL 33161		

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: WILLIAM P. SCHNAP**

**PRESIDENT**

**03/18/2014**

Electronic Signature of Signing Officer/Director Detail

Date