

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90026 002 ****61.25

DOCUMENT # 720724					
1. Entity Name THE ARBOUR TOWNHOUSE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 14224 NE 3RD CT MIAMI, FL 33161			Mailing Address P.O. BOX 610-155 NORTH MIAMI, FL 33261-0155		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. 233 NE 141ST		Suite, Apt. #, etc.			
City & State Miami, FL		City & State		4. FEI Number 59-1407189	
Zip 33161		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HYMAN, MICHAEL L ESQ 150 WEST FLAGLER STREET 27TH FLOOR MUSEUM TOWER MIAMI, FL 33130			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> \$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 P STREET ADDRESS 233 NE 141ST STREET CITY-ST-ZIP MIAMI, FL 33161	<input type="checkbox"/> Delete		TITLE NAME D STREET ADDRESS 263 NE 141ST CITY-ST-ZIP MIAMI, FL 33161	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME V STREET ADDRESS 14222 NE 3RD CT CITY-ST-ZIP MIAMI, FL 33161	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME S STREET ADDRESS 237 NE 141ST CITY-ST-ZIP MIAMI, FL 33161	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME D STREET ADDRESS 253 NE 141ST ST CITY-ST-ZIP MIAMI, FL 33161	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME D STREET ADDRESS 257 NE 141ST STREET CITY-ST-ZIP MIAMI, FL 33161	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME DC STREET ADDRESS 14204 NE 3RD CT CITY-ST-ZIP MIAMI, FL 33161	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>WM. P. SCHNAP PRES.</u> 5-6-08 954-983-4552					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					